



NORTH CENTRAL ONTARIO HOCKEY ASSOCIATION

PREDATORS

COACHING APPLICATION FORM

Name: _____

Address: _____

City/Town: _____ Prov. ON _____ Postal Code _____

Res. Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Team(s) Applying For (number in preferred order – 1 – 2 or 3 max.) for the **2017-18 season**:

Major Atom: _____ Minor Peewee: _____ Major Peewee: _____ Minor Bantam: _____

Major Bantam: _____ Minor Midget: _____ Major Midget: _____

Is a player related to you trying out for the team you are applying for? Yes: _____ No: _____

Would you be interested in another team if your first choice isn't available? Yes: _____ No: _____

Coach Levels & Background:

Level	Date Acquired	Expiry Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
PRS (Speak Out) or Respect in Sport	_____	_____N/A_____

Coaching Experience: Please provide a short resume including previous positions held.

Have you ever been charged under the criminal code: Yes: _____ No: _____

If YES, please explain and provide date: _____

Do you have a valid Police Vulnerable Sector Check? Yes: _____ No: _____ Year: _____

I hereby consent to a Police Vulnerable Sector Check? Yes: _____ No: _____

List three (3) references:

Name: _____

Address: _____

City/Town: _____ Prov. ON Postal Code _____

Res. Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Name: _____

Address: _____

City/Town: _____ Prov. ON Postal Code _____

Res. Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Name: _____

_____ Address: _____

City/Town: _____ Prov. ON Postal Code _____

Res. Phone: _____ Work Phone: _____ Cell: _____

_____ Email: _____

Authorization For Collection Of Personal Information:

I, _____, authorize the North Central Ontario Hockey Association (also known as the Predators) to collect personal information appropriate to the position applied for by verifying the character references I have supplied. I also understand that in order for my application to receive a favorable review, I am required to submit to a Police Vulnerable Sector Check. I understand that the information obtained will be held in confidence but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Applicant's Signature

Date

Witness' Signature

Date

Please attach resume and completed personal information form and send to:

by e-mail:
chris.beiers@icloud.com

by regular post: Chris Beiers
PO Box 20043
149 Westmount Drive
Orillia, ON
L3V 7X9

Applications Must Be Received No Later Than:

January 6th, 2017