



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 **2021-2022 season**:

U-11 : _____ U-12: _____ U-13: _____ U-14: _____

U-15: _____ U-16: _____ U-18: _____

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?
I hereby consent to a Police Vulnerable Sector Check?

Yes: _____
Yes: _____

No: _____
No: _____

Year: _____

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 favourable 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: vicepresident@northcentralpredators.com

Applications Must Be Received No Later Than:

Friday, February 26, 2021