



Shelburne Minor Hockey

Coach Application

2018-2019 Season

Applicants Name:	
OMHA Member #:	Date of Birth (DD/MM/YYYY):
Address :	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	Email:

A yearly criminal background and vulnerable sector check is mandatory prior to the start of the regular season.

RIS (Activity Leader):	Expiry Date:
Gender Identity Training:	
Trainer:	Expiry Date:
Community Coach 1/2:	Expiry Date:
Developmental 1/2:	Expiry Date:

Head Coaches will be responsible for bench staff having their necessary credentials AND criminal background checks completed.

Team(s) Requested – Number in order of preference with a maximum of 3

	Pre-School (Cross Ice)	Mites (Cross Ice)	Tyke (Cross Ice)	Novice	Atom	Peewee	Bantam	Midget
Rep	N/A	N/A	N/A					
AE (If Applicable)	N/A	N/A	N/A					
Local League								

Do you have a child playing with SMHA?:	Yes	No	If Yes, what age group?:
If your above choices are unavailable, would you accept a different position (i.e. Assistant Coach, Trainer, etc.)			
Yes			
No			
Alternate position requested:			

Coaching Experience– If more space is required, write on reverse

Association	Category	Position	Year

I confirm that the information provided is true and correct to the best of my knowledge and hereby unconditionally agree to the release, collection and verification of any available, required or supplied information, be it personal or otherwise, in consideration of my application.

I understand the SMHA will treat my information as confidential and limit dissemination on a need to know basis only.

Please Email the completed Coach Application to: Jonathan Geiring - geiringj@gmail.com by April 30, 2018.

Applicant's Signature: