



# Shelburne Minor Hockey

## Coach Application

### 2017-2018 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:
Trainer:	Expiry Date:
Community Coach 1/2:	Expiry Date:
Developmental 1/2:	Expiry Date:

**Selected Head Coaches will be responsible for bench staff having their necessary credentials prior to start of the season.**

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

	Mites	Tyke	Novice	Atom	Peewee	Bantam	Midget
Rep	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 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](mailto:geiringj@gmail.com) by April 10, 2017.

Applicant's Signature:

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