



# Shelburne Minor Hockey

## Coach Application

### 2015-2016

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

**A current criminal background check must accompany this application or be on file with SMHA (within last 3 years).**

Speak Out:	Cert.#:	
RIS:	Expiry Date:	Cert.#:
Trainer:	Expiry Date:	Cert.#:
Community Coach 1/2:	Expiry Date:	Cert.#:
Developmental 1/2:	Expiry Date:	Cert.#:

**Applicants awarded a head coach position 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	Juvenile
Rep								
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 re-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: [dm-hockey@hotmail.com](mailto:dm-hockey@hotmail.com)

Applicant's Signature: \_\_\_\_\_