

**Sarnia Girls Hockey Association
2010 - 2011
Coach Application Form**

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____ **Cell:** _____ **Email** _____ **@** _____

Work Phone: _____ **Cell:** _____ **Email** _____ **@** _____

FAX: _____

TEAM PREFERENCES:

Atom A - PeeWee A - PeeWee B - Bantam AA - Bantam B - Midget AA - Midget A - Intermediate BB

1st Choice:
Team: _____

Please describe your specific interest in this team: _____

2nd Choice:
Team: _____

Please describe your specific interest in this team: _____

COACHING/TRAINING CERTIFICATION (Please fill out all applicable areas)

	Yes/No	Year Obtained	Date if Expiry	Number
CHIP				
Coach Level				
Intermediate				
Advanced				
Trainers Level				
First Aid				
Other				

NOTE The Following:

1. If you have OWHA certification, please include number.

EXPERIENCE

1. List in detail your personal experience in hockey which will assist you in performing the position you seek. i.e. refereed, or level of hockey played, number of years at that level, etc.

Add additional pages as necessary.

2. Excluding hockey, do you have any experience or qualifications as a teacher, an instructor and/or trainer of children?

*Add additional pages as necessary.
additional pages as necessary.*

REFERENCES

Please list three references familiar with your coaching style and ability.

Name	Relationship	Home Phone	Alternate Phone Number

SIGNATURE & DATE

I submit all of the above information as accurate and a true reflection of my intent. In addition, I understand that I require a police check.

Signature

Date

Return your completed application to:

Kathy Kinchen
1290 Errol Road East, Sarnia, Ontario N7S 3L2
jkinchen@cogeco.ca

Deadline for Applications is February 25, 2010