# COACHES / TRAINERS APPLICATION

**2018-2019 SEASON**

**Your Information**

**Name:**

**Address:**

**City/Town:**

**Home:**

**Cell:**

**Email Address:**

##### Team Choice: (yes or no)

##### Representative:

##### House League:

 **(Coaches may be required to provide a season plan, practice plans and goals prior to an interview with the coach selection committee)**

**Division: (yes or no)**

**Tyke:**

**Novice:**

**Atom:**

**Pee Wee:**

**Bantam:**

**Midget:**

## Details

## Do you have children playing hockey:

#### Coaching / Trainer / Manager Experience

**Last Team Name:**

**Year:**

**Level:**

**Previous Team(s)**

**Name:**

**Year:**

**Level**

**Previous Team(s)**

**Name:**

**Year:**

**Level:**

**Previous Team(s)**

**Name:**

**Year:**

**Level:**

#### Training Levels

### Coaches Certification Program

**Current Level:**

**Number:**

**Year Attended:**

### Trainers Certification Program

**Current Level:**

**Number:**

**Year Attended:**

### Prevention Services Certification Program

**Current Level:**

**Number:**

**Year Attended:**

**Application may not be considered if Coaches/ Training and PRS numbers are not provided**

#### Other Clinics or Training Workshops related to Hockey / Communications

## Please include Details & Dates

**1)**

**2)**

**3)**

**4)**

#### References

Name:

Telephone:

Name:

Telephone:

#### Commitment

I certify that the above information represents an accurate description of my qualifications. As a coach / trainer or volunteer of any representative team or house league team I will seek and attain the proper training required by the Frontenac Minor Hockey Association and ensure that every member of the teams’ volunteer staff is trained appropriately. If accepted as a coach / trainer or volunteer of any Frontenac Minor Hockey Association team I will know and understand the association rules of fair play and treatment of players.

I understand if accepted as a coach / trainer or volunteer of any Frontenac Minor Hockey Association team I am required to have a CPIC completed at my local OPP office. This CPIC will be kept in a confidential file only viewed by select FMHA Executives.

Your Name:

Date:

Please return all applications to Coach Coordinator at coach@frontenachockey.ca.

Applications may also be mailed to FMHA P.O. Box 457 Verona, Ontario, K0H 2W0. Applications are also available on our website – [www.frontenachockey.ca](http://www.frontenachockey.ca)