



FRONTENAC MINOR HOCKEY ASSOCIATION

COACHES / TRAINERS APPLICATION

2021-2022 SEASON

Name:

Address:

City/Town:

Telephone

Home:

Postal Code:

Business:

Email Address:

Birth Date (dd/mm/yy):

(Please provide a current email address, as this is the preferred method of communication)

Team Choice Representative or House League

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

Division (U8) Minor Novice (U9) Major Novice (U11) Atom (U13) Pee Wee

(U15) Bantam (U18) Midget (U21) Juvenile

Details Children Playing Yes or No

Coaching / Trainer / Manager Experience

Last Team Name _____ Year _____

Level _____

Previous Teams

Name _____ Year _____

Level _____

Name _____ Year _____

Level _____

Training Levels

National Coaches Certification Program

Current Level _____ Number _____

Year Attended _____

Trainers Certification Program

Current Level _____ Number _____

Year Attended _____



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Respect in Sport – Activity Leader

Year Completed _____

Gender Identity Course

Year Completed _____

➤ Application may not be considered if Coaches/ Training and RIS are not provided

Other Clinics or Training Workshops related to Hockey / Communications

Details

Dates

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 Canadian Amateur 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.

Signature _____

Date _____

Please return all applications to Brent Hole @ brenthole11@hotmail.com or Frontenac Minor Hockey Association. Applications may be delivered by hand or mailed to FMHA P.O. Box 457 Verona, Ontario, K0H 2W0. Applications are due **April 23, 2021**.