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| wvmh no border | Windermere Valley Minor Hockey Association P.O. Box 2848, Invermere, B.C. V0A 1K0 |

Coach/Assistant Coach Selection Application

Hockey Canada Registration #

Association/Club name:

Name of coach:

Address:

City:

Province:

Postal Code:

Phone (Residence):

Phone (Other):

***Team Selection***

Please indicate by prioritizing the level in which you would like to coach. (Levels i.e. U7, U9, U11, U13, U15, U18)

1.  Head Coach  Asst. Coach  On-Ice Helper
2.  Head Coach  Asst. Coach  On-Ice Helper
3.  Head Coach  Asst. Coach  On-Ice Helper
4.  Head Coach  Asst. Coach  On-Ice Helper

If your choices are not available, would you accept a different position?

 Yes

 No

***National Coaching Certification (please fill out all applicable areas)***

Technical/Practical Certification

 Coach 1/2 Year Attained:

 Coach 1 Year Attained:

 Coach 2 Year Attained:

***On-Ice Requirements***

|  |  |
| --- | --- |
|  | Criminal Record Check |
|    | Respect in Sport – Activity Leader  CATT (Concussion Awareness Training Tool) |

 HU On-line Checking Year:

 HU On-line Safety Year:

 Development 1 Year:

**Previous Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Team/Association | Category | Position |
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**Screening**

The ***Windermere Valley Minor Hockey Association*** is committed to reducing harassment, abuse and bullying in our programs. As a priority we are screening volunteers and staff to ensure the highest quality of personnel to support our programs and create a friendly and welcoming environment for our participants. Some positions require additional screening.

Please be advised that your position may require a criminal records check and a vulnerable person’s

check.

**Do you wish to disclose any previous record(s) of offences?**

 Not applicable  No  Yes

Official Charge Date of Conviction

Disclosure or discovery of a previous record of offence may be considered in the person’s application for position within the ***Windermere Valley Minor Hockey Association.*** Based on the circumstances of the record, a person may be excluded from participation within the ***Windermere Valley Minor Hockey Association*.**

I hereby acknowledge that the information provided above is accurate to the best of my knowledge. I hereby consent to a member of ***Windermere Valley Minor Hockey Association*** contacting the references listed above.

Signature: Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Personal information used, disclosed, secured or retained by ***Windermere Valley Minor Hockey Association*** will be held solely for the purposes for which we collected it and in accordance with the National Privacy principles contained in the Personal Information Protection and Electronic Documents Act as well as “name of association” own Privacy Policy.