



## CBRMHA Coaching Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Indicate all training received related to coaching hockey & date completed/or certification number (\* mandatory)

☐ Certificate of Conduct/ Vulnerable Sector clearance (effective x 5yrs)\* \_\_\_\_\_

☐ Speak Out (RIS Coach Version)\* \_\_\_\_\_

☐ Hockey Canada Safety Program \_\_\_\_\_ ☐ Coach 1 or 2 \_\_\_\_\_

☐ Intermediate/ D1 \_\_\_\_\_ ☐ Advanced/ HPP1 \_\_\_\_\_

☐ Other \_\_\_\_\_

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Coaching Experience: list last three (3) teams you have coached

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In order of preference, indicate team(s) you would like to coach this season

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Briefly describe yourself as a coach \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide two (2) references and contact information for coaching peers that may be called

1. \_\_\_\_\_

2. \_\_\_\_\_

In applying to volunteer with CBRMHA, I agree to be aware of and abide by all codes of conduct and the policies and procedures that govern the operation of hockey recognizing consequences of non-compliance and agree to provide a positive growth experience for all children in the game of hockey.

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_