



Burlington Girls Hockey Club

Coaching Application

2010-2011

Name: _____ Home Phone: _____

Street: _____ Work Phone: _____

City: _____ Other: _____

Postal Code: _____ Email: _____

Please indicate any Certification you have attained:

Level	Registration Number	Expiry Date
Prevention Services		n/a
NCCP Initiation Program		
NCCP Coach Level		
NCCP Intermediate Level		n/a
HTCP Trainer Level 1/11		
Police Clearance		
Other		

NB: ALL team staff require Prevention Services (Speak Out) certification. This application will NOT be accepted without a Police Clearance or a receipt of application for Police Clearance.

Desired Level:

Which age group is your 1st Choice: Level: House League

Tyke Novice Atom Pee wee Bantam Midget Intermediate Senior

Which age group is your 2nd Choice: Level: House League

Tyke Novice Atom Pee wee Bantam Midget Intermediate Senior

Would you be willing to be an Assistant Coach on a team? Yes No (circle one)

Please describe your hockey coaching experience:

Please describe any other coaching experience:

Please describe your hockey playing experience:

Please describe training courses taken and accreditations earned:

If your daughter(s) is (are) playing hockey this year, please indicate age group, city and competitive level played last season with her (their) birth date:

On an attached sheet of paper, please indicate why you would like to coach in the Burlington Girls Hockey Club. Briefly describe your coaching philosophy.

References: Please list two references that are familiar with your hockey background.

Name	Home Phone	Work Phone
1.		
2.		

* Only the head coach will be selected before the start of next season.

You will be contacted to set up an interview time with the coach selection committee.

Please return this application and police clearance to

**Dennis Duda
2059 Sugar Maple Court
Burlington, ON L7M 2W7**

Or Fax: 905-631-1387