



**Township of
Chatsworth & District
Minor Hockey Association**

P.O. Box 287
Chatsworth, ON N0H 1G0

**Application for Coaches, Assistant Coaches, Trainers & Managers
2012-2013 Hockey Season**

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (Res.) _____ (Bus.) _____ (Fax.) _____

Email Address: _____

Coaches Certificate # _____ Trainers Certificate # _____

Prevention Services # _____

Please consider my application for:

COACH _____ **ASST COACH** _____ **TRAINER** _____ **MANAGER** _____

Team Preference

First Choice: _____ **Second Choice:** _____

(Category ie., Tyke, Novice, Atom, PeeWee, Bantam, Midget, Juvenile)

If these choices are not available would you accept a different position Yes _____ No _____

Experience

	Team/Association	Position
2011-12	_____	_____
2010-11	_____	_____
Other	_____	_____

If you do not have a coaching certificate or Prevention Services would you will willing to obtain?

If accepted as Head Coach, do you have others to assist you (assistant coach, trainer, manager)? Please list names and position

What is your coaching philosophy (attach sheet if necessary);

What is the anticipated role of your assistant coaches, manager, and trainers?

What are your team initiatives, objectives and goals?

Consent to Disclosure of Personal Information

Applicants will be required to obtain a “Consent to Disclosure of Personal Information” form from their local Ontario Provincial Police Detachment, where it can be completed and processed prior to final coach selection

Please complete and return to
Township of Chatsworth & District Minor Hockey
C/O Coach Selection Committee
Box 287
Chatsworth, Ontario N0H 2N0
