



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

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

**Application for Coaches, Assistant Coaches, Trainers & Managers  
2017-2018 Hockey Season**

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**Name:**

**Address:**

**City**

**Postal Code:**

**Phone: (Res.)**

**(Bus.)**

**(Fax.)**

**Email Address:**

**Date of Birth:**

**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**

**2016-17**

**2015-16**

**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**

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**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**

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

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