



## Windermere Valley Minor Hockey Association

P.O. Box 2848 Invermere, BC V0A 1K0

[www.wvhockey.bc.ca](http://www.wvhockey.bc.ca)

# 2011/2012 COACHING & TEAM OFFICIAL APPLICATION

SURNAME: \_\_\_\_\_

FIRST NAME & MIDDLE NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH DATE: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_ SEX: M / F

PERSONAL HEALTH #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

### **PREFERRED TEAM OFFICIAL ASSIGNMENT:**

COACH		ASST. COACH		TRAINER		MANAGER	
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INITIATION	NOVICE	ATOM	PEEWEE	BANTAM FEMALE	BANTAM	MIDGET FEMALE	MIDGET

### **NATIONAL COACHING CERTIFICATION PROGRAM (NCCP)** – please be prepared to provide certification

LEVEL	DATE OBTAINED	LOCATION
Introduction to Coaching (Initiation)		
Coach Stream (Coach Level)		
Development 1 (Intermediate)		
Development 2		
High Performance 1 (Advanced 1)		
High Performance 2 (Advanced 2)		
HCSP		
Speakout		
Other		

### **OTHER COACHING COURSES OR TRAINING:**

\_\_\_\_\_



**HOCKEY COACHING / TEAM OFFICIAL EXPERIENCE:**

YEAR	ASSOCIATION	DIVISION	POSITION

**SUSPENSIONS:**

Has any minor or adult sport association ever suspended you as a Team Official? Y / N

If yes, please provide details:

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**COACHING / MANAGING PHILOSOPHY:**

Please describe your coaching / managing philosophy and why you wish to coach / manage this season:

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**CONDITIONS:**

1. I hereby consent to disclosure of the above information to the W.V.M.H.A. Executive.
2. I hereby acknowledge the authority of the C.H.A., B.C.A.H.A., and the W.V.M.H.A. and agree to carry out and abide by its Constitutions, Bylaws, and Policy Handbook.
3. I hereby acknowledge that I have read and signed the attached "Fair Play Code" which forms part of this Coaching and Team Official application form.
4. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) and the Hockey Canada requirements for coaching minor hockey and will ensure that I maintain the required level of certification.
5. I hereby agree to complete a Criminal Records check form and have it authorized by my local law enforcement detachment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

NOTE: Please submit your application to the W.V.M.H.A. Executive by **June 8, 2011**.