



## TEAM ATLANTIC FEMALE UNDER 18 SUPPORT STAFF APPLICATION FORM



<b>Personal Information:</b>	
Name:	
Home Address:	
Home Phone #	Business Phone #:
E-mail:	
Date of Birth: Day/month/year	
Current Position (Job):	
Languages spoken:	

I prefer my application to be considered as (Please check only one)	
Equipment Manager	
Therapist ( Professional accreditation)	

<b>Team Information:</b>							
Current team:							
Current Position:							
Branch:							
League:							
Category: (check one)	Midget AAA	CIS	Junior	NCAA	Major Junior	Women	Other

<b>Previous Hockey Canada High Performance Involvement:</b>				
Program	Year	Province	Event	Position

Please feel free to attach a description of any additional relevant experiences (i.e., international tournaments, championships, tours, other sport activities indicating positions held, length of experience, locations, etc.)

<b>Experience at the Club Level:</b>					
Season	Name of Team	League	Category/Level	Community	Role with Team

<b>Relevant Certification</b>	
Description	Expiry Date

<b>Professional Development:</b>		
<b>As a Participant:</b>		
Date	Event:	Topics:
Date	Event	Topics
Date	Event	Topic
Date	Event	Topic
Date	Event	Topic
<b>As a Presenter:</b>		
Date	Event	Topics
Date	Event	Topics
Date	Event	Topics
Date	Event	Topic
Date	Event	Topic

**Please complete the following questions and attach your answers to this application.**

1. What is your understanding of Hockey Canada High Performance Programming?
2. What do you think you will bring to this position?
3. (Therapist applicants only) Do you have massage therapy experience: yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, please provide details.
4. Comment on the following:
  - a) "The Head Coach must leave me alone to do my job."
  - b) "In a situation where I have come to know that discipline away from the rink is a problem..."
  - c) "I have excellent instincts when it comes to the need to..."

**References:**

Please include the names of three references – a coach, a general manager, and a personal reference who are familiar with your background.

<b>Coach:</b>	
Name:	
Telephone:	Business:
<b>General Manager:</b>	
Name:	
Telephone: Home	Business:
<b>Personal:</b>	
Name:	
Telephone:	Business:

**Please attach your completed resume addressing the selection criteria outlined in this package.**

***A copy of this form is to be completed by Team Atlantic Support Staff Applicants and returned to your home provincial Hockey Branch prior to Wednesday June 7<sup>th</sup> 2017. Contact information for each of the branches is as follows:***

***Hockey Nova Scotia – Darren Sutherland [dsutherland@hockeynovascotia.ca](mailto:dsutherland@hockeynovascotia.ca) – (902) 454-9400***

***Hockey PEI – Mike White [mike@hockeypei.com](mailto:mike@hockeypei.com) - (902) 368-4334***

***Hockey Newfoundland and Labrador – Paul Dagg [pdagg@hockeynl.ca](mailto:pdagg@hockeynl.ca) - (709) 747-7897***

***Hockey New Brunswick – Mike Gillingham [mgillingham@hnb.ca](mailto:mgillingham@hnb.ca) - (506) 453-0864***