



**HOCKEY NL
PEEWEE/BANTAM/MIDGET FEMALE
REGIONAL STAFF APPLICATION FORM**

A copy of this form is to be completed by the applicant and returned to Hockey NL by May 31, 2017. Please note all applications submitted are not guaranteed a position with a Team.

1. Personal Information:

Name: _____

Home Address: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

Fax: _____ E-mail: _____

Birth date: _____ (mm/dd/yr)

I have a child/relative trying out for (Please circle one): Yes No Division: Peewee Bantam Midget

2. Coaching Staff Position applying (please rank in order of preference, 1 being highest)

Team	Head Coach	Asst. Coach	Trainer	Director of Operations
PEEWEE FEMALE				
BANTAM FEMALE				
MIDGET FEMALE				

Please circle your region/area: Labrador Western Central Tri Pen Eastern

3. Present Coaching Situation

Current Team(s) Coached: _____

Coaching Position(s) on Current Team(s) Coached: _____

Category of Team(s): _____

NEW: A Letter of Recommendation from applicant's last Minor Hockey Association or League MUST be included with this coaching application.

ALL applicants must be screened by Hockey NL and must include a Certificate of Conduct and a Vulnerable Persons Check with their AAA Coaching Application in order to be considered unless approved by Hockey NL. If you do not have a current Certificate of Conduct and a Vulnerable Persons Check (filed within the last 5 years), please ensure you obtain an updated copy and file with your application.

4. National Coach Certification Program (NCCP)

Highest Level of NCCP Certification Attained: _____

Date of Completion: _____

5. Experience Charts (Please fill in the required fields)

EXPERIENCE AS AN INSTRUCTOR (HOCKEY SCHOOLS, CLINICS OR OTHER RELATED ACTIVITIES)				
SEASON	NAME OF TEAM	POSITION (HC/AC)	DIVISION/CATEGORY	COMMUNITY

EXPERIENCE AS A PLAYER				
SEASON	NAME OF TEAM	POSITION	DIVISION/CATEGORY	COMMUNITY

PARTICIPATION (SEMINARS, COACHING SYMPOSIA OR OTHER RELATED ACTIVITIES)				
SEASON	NAME OF TEAM	POSITION	DIVISION/CATEGORY	COMMUNITY

EDUCATION (PLEASE IDENTIFY THE HIGHEST LEVEL OF EDUCATION YOU HAVE ATTAINED)
HIGH SCHOOL:
COLLEGE:
UNIVERSITY:
OTHER:

5. Continued

EXPERIENCE AS A COACH/MANGER (CLUB) - SPECIFY POSITION: HC (HEAD COACH) OR AC (ASSISTANT COACH)				
SEASON	NAME OF TEAM	POSITION (HC/AC)	DIVISION/CATEGORY	COMMUNITY

EXPERIENCE AS A COACH/MANAGER - PROVINCIAL (EG. HPP, SPRING CAMPS)				
SEASON	NAME OF TEAM	POSITION (HC/AC)	DIVISION/CATEGORY	COMMUNITY

EXPERIENCE AS A COACH/MANAGER - REGIONAL (EG. ATLANTIC CANADA, ETC)				
SEASON	NAME OF TEAM	POSITION (HC/AC)	DIVISION/CATEGORY	COMMUNITY

EXPERIENCE IN BRANCH PROGRAMS (IE. SKILLS CAMP, MENTORSHIP, COURSE CONDUCTOR, ETC)				
SEASON	NAME OF TEAM	POSITION	DIVISION/CATEGORY	COMMUNITY

Other related involvements in the game not mentioned:



HOCKEY NL

DISCLOSURE FORM

All individuals who make application for staff positions within this program must disclose any activities that may be deemed to place the individual in a direct or potential conflict of interest with branch policies. All information relating to the individual's involvement with other hockey related activities including private hockey school and private hockey teams or ventures must also be reported.

I _____, profess that all my involvement with hockey
(Name)

programs has been disclosed in the appropriate areas of the attached coach application form and/or in the space provided on this form. I also agree to inform Hockey Newfoundland and Labrador immediately if I do become involved with additional teams, leagues and/or associations, private or within Hockey Newfoundland and Labrador.

Signature

A copy of this form is to be completed by Applicants and returned to the Hockey NL Branch Office by May 31, 2017.

This form can be submitted to the HNL office by Fax (709) 489.2273 or by Email office@hockeynl.ca

**Hockey NL thanks all applicants for their interest. Please note all Applications submitted are not guaranteed a position with a AAA Team.*

HOCKEY NL

32 Queensway, P.O. Box 176, Grand Falls-Windsor, NL A2A 2J4 Tel: (709) 489-5512, Fax: (709) 489-2273
E-Mail: office@hockeynl.ca Internet: www.hockeynl.ca Twitter: @Hkynl



APPLICATION FOR MEMBERSHIP HOCKEY NEWFOUNDLAND & LABRADOR

To be distributed and returned by all Associations and Divisions

Application for membership of: _____
Name

In the _____ **Female Division** of Hockey Newfoundland and Labrador.
Association

PRIVATE AND CONFIDENTIAL

To be viewed only by
HNL Risk Management Screening Committee
32 Queensway, P. O. Box 176
Grand Falls-Windsor, NL A2A 2J4

This completed Application, Letter or Certificate of Conduct and Registration Card comprise the Application Package of the Member, and any acceptance for Membership is **conditional upon** the provision of accurate information in this Application, the receipt by HNL of all four (4) documents comprising the Application Package, and any other references and certificates as required or requested by HNL.

PART I

APPLICATION FOR MEMBERSHIP – PERSONAL INFORMATION

Legal Name of Applicant: _____

Prior Surname (if applicable) _____

Prior Full Name: _____
(to be completed in instances where Applicant has used different names or has legally changed his/her name)

Date of Birth (yyyy/mm/dd): _____

Place of Birth: _____

Driver's Licence No.: _____

Current Permanent Address: _____

Prior addresses in the last ten (10) years: 1. _____
(if different from current permanent address) 2. _____
3. _____

Home Telephone Number: _____
Business Telephone Number (if applicable): _____

Cellular Telephone Number (if applicable) _____
Facsimile Number (optional): _____

Other volunteer positions currently held or held within the last ten (10) years:

Association: _____
Town/City: _____
Contact Number: _____

Association: _____
Town/City: _____
Contact Number: _____

Association: _____
Town/City: _____
Contact Number: _____

CONSENT

I, _____, an Applicant for membership in Hockey Newfoundland and Labrador, hereby permit Hockey Newfoundland and Labrador to obtain references from your organization, and authorize your organization to disclose reference information to HNL, for the purposes of confirming my prior volunteer service and certify my conduct as a volunteer, and no other purpose.

Applicant

Date

PART II

APPLICATION FOR MEMBERSHIP – HISTORY OF CONDUCT

The Applicant must complete this portion of the Application **and** obtain a Letter of Conduct or Certificate of Conduct before an Application is processed. Please note that 10-14 days' notice is necessary for the processing of a Letter of Conduct or Certificate of Conduct, so the early attention of the Applicant is encouraged.

1. Have you ever been charged and found guilty of an offence under the Criminal Code of Canada or a Criminal Offense elsewhere?

Yes No If yes, provide details.

Date: _____

Offence: _____

Province/State: _____

2. Are you, or have you ever been party to a civil action in which you were named as a Defendant?

Yes No If yes, provide details.

Date: _____

Nature of Action: _____

Province/State: _____

3. Are there any outstanding criminal proceedings against you as of the date of this Application?

Yes No If yes, provide details.

Charge: _____

Province/State: _____

City or Judicial District
of Court: _____

4. Have you ever been refused a Certificate or Letter of Conduct, or otherwise been expelled from an occupation or volunteer organization in which a reference for character was required?

Yes No - If yes, the HNL Screening Committee will contact you with respect to follow-up inquiries.

CONSENT

I, _____, an Applicant for membership in Hockey Newfoundland and Labrador, hereby grant authority to the Screening Committee of Hockey Newfoundland & Labrador to make inquiry to any police, or other lawful authority, with regard to any of the matters set out herein, and I authorize all personnel contacted by HNL to provide all information requested to the extent permitted by law, for the purposes of certifying my conduct, and no other purpose.

Applicant

Date

PART III

**CONSENT FOR A CRIMINAL RECORD SEARCH FOR
A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Identification of the Applicant

Full Name:	_____	Date of Birth (yyyy/mm/dd):	_____
Sex (male/female):	_____	Place of Birth:	_____
Address:	_____ _____ _____	Previous Address:	_____ _____ _____
Previous Address:	_____ _____ _____	Previous Address:	_____ _____ _____

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of paid or volunteer position:	_____
Name of the person or organization:	<u>Hockey Newfoundland & Labrador</u>
Provide details regarding the children or vulnerable persons:	<u>Minor Hockey Players</u>

Complete Consent Form on next page.

Consent

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, or have been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the **Criminal Records Act**.

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the **Criminal Records Act** in respect of which a pardon was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant

PART IV

CONSENT TO DISCLOSURE OF RECORD

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

This form is to be used by a person who has consented to a search being made in criminal conviction records by completing the form entitled "Consent For A Criminal Record Search For A Sexual Offence For Which A Pardon Has Been Granted Or Issued" (**Part III of this Application**) and who wishes to consent to the disclosure of information in that search to the person or organization who requested the search.

Identification of Person Consenting

Full Name:	_____	Date of Birth (yyyy/mm/dd):	_____
Sex (male/female):	_____	Place of Birth:	_____
Address:	_____ _____ _____	Previous Address:	_____ _____ _____
Previous Address:	_____ _____ _____	Previous Address:	_____ _____ _____

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of paid or volunteer position:	_____
Name of the person or organization:	<u>Hockey Newfoundland & Labrador</u>
Provide details regarding the children or vulnerable persons:	<u>Minor Hockey Players</u>

Complete Consent Form on next page.

Consent

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

I consent to information contained in a criminal record, found as a result of a criminal record search for a sexual offense for which a pardon has been granted or issued, being disclosed by a police force or other authorized body to the person or organization referred to above to whom or to which I am applying or have applied for a paid or volunteer position.

I understand that as a result of giving this consent, that information will be disclosed by the police force or other authorized body to the person or organization, even though a pardon has been granted or issued for the offence.

Signature of Applicant

Hockey Newfoundland and Labrador acknowledges that, if in receipt of information gathered under this Part IV pursuant to the Consent of the Applicant under the Criminal Records Act, it may not disclose such information to any other person or organization, or any person within the organization unrelated to the screening process, and disclosure to any other such person constitutes a breach of the Criminal Records Act, RSC 1985, c. C-47.