



HOCKEY NEWFOUNDLAND & LABRADOR MIDGET MINOR AAA STAFF APPLICATION FORM

A copy of this form is to be completed by the applicant and returned to the Hockey NL Branch Office by October 23, 2015. Please note all applications submitted are not guaranteed a position with a AAA Team, only successful applicants will be contacted.

1. Personal Information:

Name: _____

Home Address: _____

Home Phone #: _____ Business Phone #: _____

Fax: _____ E-mail: _____

Birth date: _____ (mm/dd/yr)

I have a child/relative trying out (Please circle): Yes No

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

Team	Head Coach	Asst. Coach	Trainer	Director of Operations	Goalie Coach
MIDGET					

Please circle your region/area: Northern Western Central Tri Pen Tri Com St. John's

3. Present Coaching Situation

Current Team(s) Coached: _____

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

Category of Team(s): _____

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 NEWFOUNDLAND AND LABRADOR

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 by October 23, 2015.

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

HOCKEY NEWFOUNDLAND AND LABRADOR

32 Queensway, P.O. Box 176, Grand Falls-Windsor, NF A2A 2J4 Tel: (709) 489-5512, Fax: (709) 489-2273

E-Mail: office@hockeynl.ca Internet: www.hockeynl.ca Twitter: @Hkynl