



# FEMALE MIDGET AAA STAFF APPLICATION FORM

**POSITION APPLYING FOR: (you may check more than one)** - Click the following to view job descriptions [BC Hockey Policy Manual](#)

Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Safety Person \_\_\_\_\_  
Manager \_\_\_\_\_ FMAAA League Coordinator \_\_\_\_\_

\*\*\*Note that the FMAAA League Coordinator is a BC Hockey Branch position

**APPLICABLE TEAM THIS APPLICATION SHOULD BE CONSIDERED FOR: (you may have more than one)**

Team Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

### APPLICANT CONTACT INFORMATION

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

Address: \_\_\_\_\_  
Street City Province / Postal Code

Telephone: \_\_\_\_\_  
Home Work E-mail

Date of Birth: \_\_\_\_\_  
Day Month Year

Do you have a family member involved in the Female Midget AAA Program? Yes No If yes, please explain \_\_\_\_\_

### CLUB TEAM EXPERIENCE: TEAM POSITION HELD CATEGORY

2009/2010: \_\_\_\_\_

2008/2009: \_\_\_\_\_

References (hockey related) 1. \_\_\_\_\_  
Name Phone number

2. \_\_\_\_\_  
Name Phone number

### CERTIFICATION

NCCP Certification #, Level and year attained: \_\_\_\_\_

\*Developmental 1 certification is required \_\_\_\_\_

HCSP Accreditation \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Speak out Accreditation (REQUIRED) \_\_\_\_\_ Date Completed: \_\_\_\_\_

If not selected as head coach, would you accept the position of assistant coach? Yes No

CRIMINAL RECORD CHECK IS MANDATORY FOR ALL SUCCESSFUL APPLICANTS

Signature of Acceptance: \_\_\_\_\_

**ALL RETURNING TEAM OFFICIALS MUST COMPLETE AN APPLICATION FORM IN ORDER TO BE CONSIDERED FOR A POSITION. Please return the completed application form by May 31, 2010 to [info@bchockey.net](mailto:info@bchockey.net) or fax: 250-652-4536**