



MAJOR MIDGET LEAGUE TEAM STAFF APPLICATION FORM

CLUB TEAM EXPERIENCE:

20010/2011:	_____	_____	_____
	Team	Position Held	Category
2009/2010:	_____	_____	_____
	Team	Position Held	Category

Please expand on you experience below:

REFERENCES:

****References must be Hockey Related****

1.	_____	_____
	Name	Phone Number
2.	_____	_____
	Name	Phone Number

CERTIFICATION:

NCCP Certification _____
Development 1 certification is required Certificate Number _____ Level _____ Year _____

HCSP Certification YES / NO _____
 Expiry Date _____

Speak Out! / Respect in Sport YES / NO _____
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

I hereby consent to a criminal record search and accept responsibility for any associated costs.

Signature of Acceptance: _____

ALL RETURNING TEAM OFFICALS MUST COMPLETE AN APPLICATION FORM IN ORDER TO BE CONSIDERED FOR A POSITION. Please return the completed application to info@bchockey.net or fax 250-652-4536

DEADLINE:

- April 15, 2011 if applying for the Head Coach position
- May 15, 2011 if applying for any other position
