

Level: _____ Year Obtained: _____

Level: _____ Year Obtained: _____

SPEAK OUT! (Respect in Sport)

Year Obtained: _____ Location: _____

HCSP

Year Obtained: _____ Location: _____

First Aid Type & CPR Level C Certification

Year Expires: _____ Location: _____

Playing Experience – Highest Level Played?

Minor Hockey

Junior

Professional

Team: _____ Year: _____

Please list your most significant Coaching/Management experiences:

- | | | | | | | | |
|---------|-------|-------|-------|------|-------|----------|-------|
| 1. Team | _____ | Level | _____ | Year | _____ | Position | _____ |
| 2. Team | _____ | Level | _____ | Year | _____ | Position | _____ |

Do you currently belong to a BC Hockey MHA? If so, which one?

Indicate what you feel your strengths would be as a BC Hockey Mentor/Evaluator/Instructor?

Indicate what benefits you feel you will gain from participation with BC Hockey:

Other Comments:

Applicant Signature: _____ **Date:** _____

***Please note that course conductors are required to submit a Criminal Record Check. All applications can be submitted by fax 250.652.4536 or email info@bchockey.net**

If you have any questions regarding the BC Hockey Course Conductor program please contact the BC Hockey Office by phone at 250-652-2978 or by emailing info@bchockey.net

