



**COACH/TRAINER/MANAGER APPLICATION FOR THE 2019/2020 HOCKEY SEASON**

Application deadline: August 15<sup>th</sup>, 2019

(EMHA executive will review all applications and select head coaches.)

Position:  Coach  Asst. Coach  Trainer  Manager

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-Mail address: \_\_\_\_\_  
 Last Year's Team: \_\_\_\_\_  
 Previous Experience: \_\_\_\_\_

League:  House  Rep

Division:  Initiation

Novice

Atom

Pee Wee

Bantam

Midget

Other possible staff to be contacted  
(All Staff must fill out a form)

Qualifications	Level Achieved	Certification Number	Date Issued
Coaching			
Body Checking			
Initiation			
Trainers			
Respect in Sport			
First Aid			
Gender Identity			

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Police Record Check is required for a valid application.**

**NOTE:**

- 1-Helmets are mandatory for all on ice Coaches, Trainers and Volunteers.
- 2-All helmets are to be certified hockey helmets in good condition with a fastened chinstrap.
- 3-Non-compliance will result in loss of scheduled ice time for your entire team.

I am NOT available the following days and/or times: \_\_\_\_\_

*I hereby declare that all information provided on this form is true and accurate.  
 I understand any false information knowingly provided on this form will render the application invalid.  
 I will also comply and enforce the mandatory helmet rule and abide by the N.O.H.A.'s, E.M.H.A.'s  
 Constitution, By Laws and Code of Conduct, or be subject to disciplinary action by the same.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Note: This application is not complete without a Vulnerable Sector check from the OPP. \*\***

Date Selection Committee Reviewed: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 Comments or Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_