

# Coaching Application

Cold Creek Girls Hockey Association

2010-2011 Season

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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## **Team Selections**

First Choice: \_\_\_\_\_ Second Choice : \_\_\_\_\_

If these choices were not available would you accept a different position?

Yes \_\_\_\_\_ No \_\_\_\_\_

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## **Hockey Canada Coaching Certification** (please fill out applicable areas)

( ) CHIP Certification : Year Attained \_\_\_\_\_ Cert# \_\_\_\_\_

( ) Coach Certification: Year Attained \_\_\_\_\_ Cert# \_\_\_\_\_

( ) Developmental 1: Year Attained \_\_\_\_\_ Cert# \_\_\_\_\_

( ) Developmental 2: Year Attained \_\_\_\_\_ Cert# \_\_\_\_\_

( ) Intermediate: Year Attained \_\_\_\_\_ Cert# \_\_\_\_\_

Other : \_\_\_\_\_

HTCP (Trainer's): Level: \_\_\_ Year Attained \_\_\_\_\_ Cert# \_\_\_\_\_

Prevention Services(PRS): Year Attained \_\_\_\_\_ Cert# \_\_\_\_\_



**Optional Information**

What are your team initiatives, objectives and goals?

It is the coach that is selected first. All volunteer help such as: assistant coach, trainer and manager must be approved by the coach selection committee and will be named to the team at a later date. (all must hold or be willing to attain certification prior to start of the regular season). If you have any choices for these for positions, please list below. There will only be 5 team officials permitted per team.

Name	Position	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional information**

Please add any information that you feel may be pertinent to your application : reasons for coaching selected team, additional certification training before or during season, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Police Background Check**

COLD CREEK GIRLS HOCKEY ASSOCIATION REQUIRES ALL TEAM OFFICIALS TO SUBMIT TO A POLICE BACKGROUND CHECK.

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I understand that completing an application does not ultimately guarantee me a coaching position with Cold Creek Girls Hockey Association.

I hereby certify that the above information to be true and correct.

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Applicant Signature

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Date

Please submit application to CCGHA Head Coach:

Fred Gillespie - [fredgillespie@hotmail.com](mailto:fredgillespie@hotmail.com)