



COQUITLAM MINOR HOCKEY

COACH APPLICATION FORM

Any person applying for a coaching position with Coquitlam Minor Hockey Association must complete this application form in its entirety.

If a coach must be chosen for a position, the CMHA Executive will use the following information as a guideline to make a fair decision for all. Previous coaching experience with CMHA may be considered an asset.

Name: _____
Address: _____
Phone #: _____
Email: _____

Please check the division you are applying for: Representative (A) Recreational (C)

Division you want to coach (U7, U9, U11, etc): _____

Will you coach another division if not given first choice? Yes No

Will you have a child trying out for the team you have applied for? Yes No

Please check certification taken and dates they were obtained:

Respect In Sport	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____
Coach 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____
Coach 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____
Body Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____
Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____
Development 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____
Development 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____

please specify (Goaltender/High Perf/etc.) _____

7. Please include the names of two people who are familiar with your coaching background:

Reference 1

Name _____
Relationship _____
Phone Numbers _____
Email _____

Reference 2

Name _____
Relationship _____
Phone Numbers _____
Email _____

Please email a completed copy of your application to coach@coqmha.org

Thank you for taking the time to complete your personal profile for CMHA and for your interest in becoming part of our coaching team!