



HAWKS ATHLETIC CLUB

12839 - 141 Street, Edmonton, AB T5L 4N1

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<http://www.hawksathletics.com>



COACHING APPLICATION

POSITION APPLYING FOR		DIVISION		TIER
<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager		<input type="checkbox"/> Trainer <input type="checkbox"/> Other:		<input type="checkbox"/> _____ <input type="checkbox"/> Any available
<input type="checkbox"/> Initiation 1A <input type="checkbox"/> Initiation 2A <input type="checkbox"/> Novice		<input type="checkbox"/> Atom <input type="checkbox"/> Peewee <input type="checkbox"/> Bantam		
LAST NAME	FIRST NAME	DATE OF BIRTH (YYYY-MM-DD)	ALBERTA HEALTH CARE NUMBER	
ADDRESS				
CITY	PROVINCE	POSTAL CODE		
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL NUMBER	FAX NUMBER	
E-MAIL ADDRESS				
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE NUMBER		

IN THE LAST THREE YEARS, I WAS AN OFFICIAL FOR THE FOLLOWING CLUBS				
YEAR	CLUB	DIVISION	POSITION	TIER

CANADIAN HOCKEY ASSOCIATION CERTIFICATION		
CERTIFICATION PROGRAM	DATE	CERTIFICATION NUMBER
HCIP Introductory Coach		
NCCP Coach Level/Speakout		
NCCP Development I		
NCCP Development II		
Safety		
Speakout		

OTHER CERTIFICATION (i.e., First Aid, Goalie Clinics, Checking Clinics, Taping and Strapping Clinics)			
ORGANIZATION	CERTIFICATION PROGRAM	DATE	CERTIFICATION NUMBER

Are you willing to accepting a different level than the one applied for: Yes No

Do you have your own coaching staff: Yes No

What is your coaching style? _____

List any noteworthy coaching achievements: _____

Have you ever been suspended? Yes No (If Yes, please list details below)

DATE OF SUSPENSION	LENGTH OF SUSPENSION	REASON FOR SUSPENSION

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that by applying as a volunteer, I will abide by all policies and procedures of the Hawks Athletic Club. I hereby consent to, and authorize the Hawks Athletic Club, to conduct a security clearance with any policy service that it deems may be appropriate. I understand that if accepted, falsified statements in this application shall be considered sufficient cause for dismissal.

Signature: _____ Date: _____

Please forward this completed form to Lorraine Toth at the Hawks Athletic Club at the address (or e-mail address) above.