



COCHRANE MINOR HOCKEY ASSOCIATION INC.

P.O. Box 2038
Cochrane, Ontario
P0L 1C0

Telephone: (705) 272-5888
Facsimile: (705) 272-5815
email: cmha@puc.net
www.cochranemha.com

COACHING APPLICATION

Name: _____

Address: _____

Phone/Cell: _____

email: _____

TEAM SELECTION:

Category: _____

Rep: _____

House: _____

League: _____

NATIONAL COACHING CERTIFICATION

Coach: Year Attained _____

NOHA #CN _____

Trainer: Year Attained _____

NOHA #TN _____

Speakout: Year Attained _____

NOHA #HN _____

Body Checking: Year Attained _____

NOHA # _____

EXPERIENCE LAST TWO YEARS:

Team/Association

Category

Position

What is your coaching philosophy?

Why are you volunteering for this position?

COACHING STAFF:

Assistant Coach:

Name: _____

Coach: Year Attained _____ NOHA #CN _____

Trainer: Year Attained _____ NOHA #TN _____

Speakout: Year Attained _____ NOHA #HN _____

Body Checking: Year Attained _____ NOHA # _____

Trainer:

Name: _____

Coach: Year Attained _____ NOHA #CN _____

Trainer: Year Attained _____ NOHA #TN _____

Speakout: Year Attained _____ NOHA #HN _____

Body Checking: Year Attained _____ NOHA # _____

This application must be signed and completed in all areas. Failure to do so could result in the application not being considered.

All applicants will be reviewed and contacted if accepted.

If accepted, you will need to complete a release for CPIC criminal record search.

Applicant's signature

Date