



## KV Minor Hockey Association 2017-2018 Coach/Volunteer Application Form

### Contact Information

Name: \_\_\_\_\_  
(Given) (Middle) (Surname)

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Mobile#: \_\_\_\_\_

### Preferred Coaching Assignment (Check)

- |                                        |                                        |                                       |                                         |
|----------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Initiation/IP | <input type="checkbox"/> Novice Rec    | <input type="checkbox"/> Novice 1/2   | <input type="checkbox"/> Pee wee AA/A/B |
| <input type="checkbox"/> Atom Rec      | <input type="checkbox"/> Atom AA/A/B   | <input type="checkbox"/> Pee wee Rec  | <input type="checkbox"/> Midget AA      |
| <input type="checkbox"/> Bantam Rec    | <input type="checkbox"/> Bantam AA/A   | <input type="checkbox"/> Midget Rec   | <input type="checkbox"/> Midget Girls   |
| <input type="checkbox"/> Novice Girls  | <input type="checkbox"/> Pee wee Girls | <input type="checkbox"/> Bantam Girls |                                         |
| Atom Girls                             |                                        |                                       |                                         |

### Preferred Coaching Position (Check)

- |                                     |                                          |                                         |
|-------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> On-Ice Helper  |
| <input type="checkbox"/> Trainer    | <input type="checkbox"/> Manager         | <input type="checkbox"/> Safety Officer |

### List of Certifications (Check)

Course Name	Date Received
Intro to Coach	<input type="checkbox"/> _____
Coach Stream	<input type="checkbox"/> _____
Development I	<input type="checkbox"/> _____
Development II	<input type="checkbox"/> _____

Hockey Canada Speak Out/Respect in Sport Certified?  Yes  No  
 Hockey Canada Safety Program Certified?  Yes  No *\*Required for 1 bench staff/team*

I acknowledge that I have received above certifications and can provide proof if necessary \_\_\_\_\_ (Initial)



## Undertakings

1. I hereby consent to disclose the above information
2. All **new** coaches must accompany this application with a recent criminal background and vulnerable sector check prior.
3. I understand KVMHA'S policies and conditions with respect to providing a criminal background and vulnerable sector check. **It is within KVMHA'S policies to have criminal background and vulnerable sector checks completed every 3 years.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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## Delivery Option

Send via e-mail to: [hr@kvmha.com](mailto:hr@kvmha.com)

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**Application Deadline: September 8, 2017**

Forms available at [www.kvmha.com](http://www.kvmha.com)