



**ALLIANCE HOCKEY BURLINGTON  
COACHING APPLICATION - HEAD COACH**

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

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

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

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

Participant's Date of Birth (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail: \_\_\_\_\_

Team applying for:  AA  A  MD

2003  2004  2005  2006  2007  2008  2009  2010  2011  2012

If this position is not available, would you be interested in coaching another level?

Yes  No If Yes, please identify what division/level \_\_\_\_\_

Do you have a son or daughter presently on the team you're applying for?:  Yes  No

If Yes, please list their name \_\_\_\_\_

If your son/daughter was not on the team you're applying for, at what level did they last play? \_\_\_\_\_

**EXPERIENCE:** List in order, starting with the most recent.

Season	Team / Organization / Level	Role
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HOCKEY CERTIFICATION:** Please identify your certifications.

*Please check off all applicable boxes:*

- Coach Level 1
- Coach Level 2
- Development 1
- Respect in Sport Activity Leader
- Gender Identity Training
- Vulnerable Sector Clearance
- Other \_\_\_\_\_

**COACHING ASPIRATIONS**

Why do you want to coach this team?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIST PROPOSED COACHING/SUPPORT STAFF**

	<b>Name</b>	<b>Tel #</b>	<b>Email</b>
<b>Trainer:</b>	_____	_____	_____
<b>Manager:</b>	_____	_____	_____
<b>Assistant Coach:</b>	_____	_____	_____
<b>Assistant Coach / Trainer:</b>	_____	_____	_____

**Please provide the names and contact information of three references: (Player, Professional, Parent)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should I be selected, I, the undersigned, have read and agree to abide by the Hockey Canada/OHF/Alliance By-laws and Code of Conduct. I support the Alliance Hockey Burlington philosophy of player development and will promote the playing of hockey at the highest level. I will accept full responsibility for my actions while as a Team Official of Alliance Hockey Burlington.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For seeded A/AA Applications

Please send application to Jr. Cougars Hockey Club  
1179 Northside Road, Burlington, ON L7M 1H5  
jay@jrcougarshockey.ca Fax: 905-336-9311

For Minor Development (MD) Applications

Please send application to BLOMHA  
3455 Fairview St, Burlington, ON L7N 2R4  
rickdawson@hotmail.com or please drop off in person.