

Wembley Minor Hockey Association

Box 52; Wembley, Alberta; T0H 3S0 Email: wmhockey@icloud.com

Wembley Arena: 9831-97 Street; Wembley, AB

TEAM STAFF APPLICATION

Check any yo	ou are applyir	ng for / interested	in:			
COACH	ASST	COACH MA	NAGER	TRAINER		
Name:			Birthda	ate:	Phone:	(cell)
Address:						
Alberta Heath	Care #:					
Email:						
		** All fields above				
	n are you app	lying to voluntee	-	ason? Please indica	ate below ir	itiation, novice,
atom, peewee			مام	Tueiner		Managar
1st Choice	Coach	Asst Coa	icn	Trainer		Manager
2 nd Choice						
bantam or mi Child's Name	dget):	Level		: level they are in (in	itiation, no	vice, atom, peewee
assistant coa	ches must b	e certified by the	applicable	ive applicable certif deadlines. All coa ecking Skills Clinic.	ches and as	
Which NCCP/	CHA CERTIF	CATION LEVEL d	o you hold?	Certifications will be	e verified wit	h Hockey Canada.
Initiation Coach Development Can Safety Speak Out Checking Skill		Year Attained: Year Attained: Year Attained: Year Attained: Year Attained: Year Attained:		Province: Province: Province: Province: Province: Province:	<u> </u>	

You must attain the level of certifications required by Dec 31 of the current year.

C	COACHING EXPERIENCE: Starting with most current										
	YEAR	ASSOCIATION	CATEGORY (ie) Midget	DIVISION (ie) AA	YOUR POSITION						

References: People we may contact who have knowledge of your qualifications.

Name 1	City/Town	Phone
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APPLICANT'S AGREEMENT

I will abide by the Hockey Canada, Hockey Alberta and the WMHA Constitution and Handbooks. I also agree to take any part in any coach development programs as laid out by WMHA. I agree to attain the level of certifications required by Dec 31 of the current year.