



Sundre Minor Hockey Association Coach Application Form

Name: _____ Date of Birth: _____

Address: _____ City / Prov: _____

Postal Code: _____ Telephone: _____

Email (please print VERY clearly): _____

What team would you like to be involved with (level and tier)?

First Choice: _____ Second Choice: _____

What position are you interested in?

Coach: _____ Manager: _____ Trainer: _____

If these choices were unavailable, would you accept a different position? Yes___ No___

Certification (please check applicable qualifications):

Initiation: _____ Year Attained: _____

Trainer / Safety: _____ Year Attained: _____

Speak Out: _____ Year Attained: _____

Coach Level: _____ Year Attained: _____

Development I: _____ Year Attained: _____

Development II: _____ Year Attained: _____

Advanced I: _____ Year Attained: _____

Advanced II: _____ Year Attained: _____

Other: _____

Declaration

I certify the foregoing information to be true and, in the interests of protecting the children involved, I hereby authorize the Sundre Minor Hockey Association to conduct any background checks they deem necessary. All results will be kept strictly confidential. I understand that upon approval, I will be required to provide a criminal record check to SMHA before September 15th.

(applicant's signature)

(date)