



WILMOT GIRLS HOCKEY ASSOCIATION

PO BOX 6088, NEW HAMBURG, ON N3A 2K6
 www.wilmotgirlshockey.com

TEAM OFFICIAL APPLICATION

**For all Head Coaches, Assistant Coaches, Trainers,
 Assistant Trainers, Managers and On-Ice Helpers**

Name: _____ Birth Date: ____/____/____
First Last

Address: _____

Home Phone: _____ Home Email: _____

Business Phone: _____ Business Email: _____

Police Check

- A valid Police Check must be on file with the Wilmot Girls Hockey Association or
- A valid Police Check must accompany this application, or
- An application for a Police Records Check must be in process

Team Selection Request

LEVEL	TEAM	POSITION
_____	_____	_____
<small>(ie House / Rep)</small>	<small>(ie Atom, Peewee etc...)</small>	<small>(ie Head Coach, Asst Coach, Trainer, Asst Trainer, Manager etc...)</small>

Credentials (Please list your relevant credentials)

	Credential No.	Expiry Date
Coach	_____	_____
Trainer	_____	_____
PRS	_____	_____
Police Check	_____	_____



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Experience (Please list your relevant experience)

Centre	Age/Level	Year	Sport	Position on Staff
<i>eg Wilmot</i>	<i>Atom</i>	<i>2007-2008</i>	<i>Hockey</i>	<i>Assistant Manager</i>

Will your occupation and its demands interfere with your availability to be a reliable staff member?

YES NO

Have you had any involvement with the police or any other authorities which would reflect negatively on your suitability as a coaching staff member?

YES NO

References (Please provide 3 character references excluding relatives)

Name	Address	Home Phone	Bus Phone	Relationship
<i>eg Denis Smith</i>	<i>123 Anystreet, Baden</i>	<i>662-1234</i>	<i>634-9876</i>	<i>accountant</i>



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I AGREE that if selected I will upgrade my credentials as requested by Wilmot Girls Hockey Association (WGHA), attend all coaches meetings and comply with the Constitution and By-laws of the Wilmot Girls Hockey Association (WGHA) and the Ontario Womens Hockey Association (OWHA).

In addition, I understand that completing a Team Official Application does not ultimately guarantee a Team Official Position with WGHA. I hereby authorize WGHA to collect personal information appropriate to the position being applied for by verifying character references supplied.

By signing this application, I _____ agree that I have read and understood the Code of Conduct and Team Official Job Descriptions that are posted on the WGHA website (www.wilmotgirlshockey.com).

Applicant:

Print Name

Signature

Date

Witness:

Print Name

Signature

Date



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I, _____ authorize the Wilmot Girls Hockey Association (WGHA) to collect personal information appropriate to the position applied for by verifying the character references I have supplied.

I also understand that in order for my application to be considered, I must submit to a criminal reference check (Police Check).

I understand that all the information obtained will be kept confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Applicant:

Print Name

Signature

Date

Witness:

Print Name

Signature

Date