



2012-13 **Coaching Application**

Please complete the following application if you are interested in coaching a team for the 2011/12 season.

To submit your application, you may choose to:

- 1. Email your application to dsorley@cogeco.ca**
- 2. Mail your application to the SCFHA Office at:**

**P.O. Box 28044
600 Ontario St. Lakeport Post Office
St. Catharines, ON
L2N 7P8**

Deadline for Applications: Feb. 15, 2012

**For further information contact
Jim Richardson, 1st Vice President at:
905-646-8292 or 905-327-7521 or jameslr@vaxxine.com**

2012-13

Chaos Coaching Application

Personal Information	
Name:	
Address:	Number/Street City/Postal Code
Date of Birth:	
Contact Information	
Home Phone:	
Work Phone:	
Cell Phone:	
Email Address:	
Team Information	
Team Applying For:	<input type="text"/>
Do you have a daughter at this age level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you were not given the team would you be an assistant coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are applying for the First Team, and you did not get it, would you consider coaching a second team (assuming your daughter did not make the first team)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification Information	
Speak Out (PRS)	Year Attained
Coaching	Current Level Year Attained
Coaching Certificate No.	
Trainer	Cert # Year Attained
Does St. Catharines Female Hockey have your Police Check on File?	

5. Please tell us why we should select you as the Head Coach.

6. Please describe your last season as a coach or (staff member) with respect to your teams development.