



# YORK SIMCOE EXPRESS



## 2012-2013 AAA COACHES APPLICATION

<b>Name:</b>	
<b>Address:</b>	
<b>Home Phone:</b> (    )	<b>Bus Phone:</b> (    )
<b>Email Address:</b>	<b>Cell Phone:</b> (    )
<b>TEAM SELECTION</b>	
<b>1st Choice:</b>	<b>2nd Choice:</b>
If your choices are not available, would you be willing to coach another team?	

### COACHING/TRAINERS CERTIFICATION *(Please fill out all applicable areas)*

Coaches/Trainers	Yes or No	Year Attained	Date of Expiry
C.H.I.P			
Coach Level			
Intermediate			
Advanced			
Trainers Level			
First Aid			
Prevention Services			

PLEASE NOTE: All coaches/trainers must have or be prepared to take the appropriate clinics by August 31, 2012

<b>EXPERIENCE:</b> <i>Please list your past coaching experience</i>	
<b>Season:</b> 20 _____ - _____	<b>Duties</b>
<b>Association:</b>	
<b>Season:</b> 20 _____ - _____	
<b>Association:</b>	
<b>Season:</b> 20 _____ - _____	
<b>Association:</b>	

Please attach your personal resume, reflecting your coaching experiences and any other information which is not detailed in this application (i.e. employment, playing experience, other interests etc.) Plus include (if known at this time) detailed information on all members of your intended coaching staff. Any additional information provided pertaining to the following would also be appreciated.



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What is the anticipated role of your co-coaches, assistants, managers and trainers:

What would be some of your anticipated tournaments etc?

What are your team initiatives, objectives and goals?

**REFERENCES:** Please list three references i.e. parent, professional etc.

NAME	HOME #	BUS #	SIGNATURE

I, \_\_\_\_\_ authorize York Simcoe Express Hockey Association to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied. I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DD / MM / YYYY

Please be aware that all coaches, assistant coaches, trainers, and managers of Rep teams are required to input a Police Record Check form as supplied by the Police Service the applicant resides in. These MUST be obtained from our Secretary.

**Please email completed Coach Application to both :**  
Kim Fennel – [president@ysehockey.com](mailto:president@ysehockey.com)  
Greig Baxter – [vphockey@ysehockey.com](mailto:vphockey@ysehockey.com)

Thank you for submitting your application, we receive many applications and only qualified candidates will be considered & only those candidates to be interviewed will be contacted.

**Refer to our website ([ysehockey.com](http://ysehockey.com)) for information on submission deadlines and interview dates.**