



BEETON ATHLETIC ASSOCIATION INC.

PO BOX 309
BEETON, ONTARIO, L0G 1A0

COACHING APPLICATION

Please Note: A consent for criminal record search must accompany this application. Applications are to be returned to the above mailing address; **Attention: Prevention Services Advocate, Debbie Gibson, or Pat Cranston by 28 Feb 2010.**

NAME: _____ PHONE#: _____ FAX#: _____
 ADDRESS: _____ CITY: _____ POSTAL CODE: _____
 EMAIL: _____
 CELL#: _____ WORK#: _____

TEAM SELECTION (Category & Level):

FIRST CHOICE: _____ SECOND CHOICE: _____

Categories: Beginner, Tyke, Novice, Atom, Peewee, Bantam, Midget, and Juvenile. **Levels:** Local League or Rep.
If these choices are not available, would you accept a different position? **YES or NO** (please circle/indicate one)

COACHING CERTIFICATIONS (Please fill out all applicable areas. Leaving a blank means you do not have the certification):

CHIP	Year Attained: _____	Cert. #: _____
PRS *	Year Attained: _____	Cert. #: _____
Coach Developmental 1	Year Attained: _____	Cert. #: _____
Coach Recreational	Year Attained: _____	Cert. #: _____
Coach Developmental 2	Year Attained: _____	Cert. #: _____
Other: _____	Year Attained: _____	Cert. #: _____
National Coach Theory	Year Attained: _____	Levels: _____

** PRS is a mandatory course/certification for ALL team volunteers (Coaches, Trainers, Managers)*

HOCKEY VOLUNTEER EXPERIENCE:

Years:	Association (eg. BAA, TNT):	Category/Level (eg. Bantam/LL) :	Position (eg. Assistant Coach):
2009/10	_____	_____	_____
2008/09	_____	_____	_____
2007/08	_____	_____	_____
2006/07	_____	_____	_____
2005/06	_____	_____	_____

