



**EDZA WEST ELITE HOCKEY PROGRAM
COACH APPLICATION**

Division Applied For: (can apply for more than one division) _____

Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone: (Home) _____ (Office) _____ (Cell) _____

E-mail Address: _____ Fax: _____

Current Team: _____ Category: _____

NCCP Certification Held: _____

Hockey Canada Safety Program Certification Held: _____

VOLUNTEER SCREENING

Criminal Records Check: On file with Hockey New Brunswick Yes ___ No ___

Speak Out Program: Have attended a Workshop Yes ___ No ___

Do you or will you have a child registered in the EDZA West Elite Hockey Program? Yes ___ No ___

HOCKEY BACKGROUND

YEAR TEAM/CATEGORY ROLE/RESPONSIBILITY

_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

Name: _____ Position: _____ Phone: _____

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Please attach your personal hockey resume. Please feel free to attach any other relevant information to this application form. Applications can be faxed to EDZA West President at (506) 452-1816 or sent by e-mail to slean@officeinteriors.ca

For additional Information, please contact 506.450.1397.