



**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: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach hockey resume to this application. Send any other information you feel is pertinent as well. Send application by fax 506 451 8112 or by email to [raymo@nbnet.nb.ca](mailto:raymo@nbnet.nb.ca)

If you have any questions, contact Ray Arseneau 506 451 3797