

Quinte West Minor Hockey

Coaching Application 2020-2021 Season

Quinte West Minor Hockey
HAWKS



Name:

Address:

Home Phone:

Bus Phone:

E-mail Address:

Cell Phone:

TEAM SELECTION

1st Choice:

2nd Choice:

If your choices are not available, would you be willing to coach another team?

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

NAME	HOME #	BUSINESS #

I, _____ authorize the Quinte West Minor Hockey Association and/or the Coaches Selection committee to collect, the above-noted information, some of which may be personal information, appropriate to the position applied for. I understand that the information obtained will be confidential but may be shared with relevant organizations, as determined by QWMHA, in order to obtain an appropriate volunteer position.

Signature

Day

Month

Year

Please be aware that not all applicants will necessarily receive an interview. Specific persons applying as coaches, assistant coaches, trainers, and managers of QWMHA are required to provide a valid Criminal Background Check through the Canadian Police Information Centre, **at time of application**. QWMHA reserves the right to refuse applicants on the basis of the information disclosed in the Criminal Background Check. Mail or email completed Coach Application to:

Quinte West Minor Hockey

8 Couch Cres

Trenton, ON K8V 1G8

e-mail QWMHA – qwmhoffice@gmail.com

Any further questions contact

Kim Thurston 613-965-0496

