



COACH APPLICATION for the 2021-2022 Season
Westlock Minor Hockey

Name: _____

Address: _____

Email address: _____

Home Phone: _____ **Cell Phone:** _____

Certifications: Please check all that apply.

Check all that apply.	Certification	Year Completed
<input type="checkbox"/>	Respect in Sport – Coach	
<input type="checkbox"/>	Coach 2 - Coach Level	
<input type="checkbox"/>	Development 1	
<input type="checkbox"/>	High Performance 1	
<input type="checkbox"/>	Instructional Stream – Checking Skills	
<input type="checkbox"/>	Hockey Canada Safety Program	

If you have any other relevant certifications, please indicate below:

Which division do you prefer to coach? (Please circle your choice.)

Initiation

Novice

Atom

Pee Wee

Bantam

Midget

Which position do you prefer? (Please circle your choice.)

Head Coach

Assistant Coach

Please describe your coaching philosophy:

Previous Coaching Experience:

**Please email your coaching application to Vice President at
westlockmhavp@gmail.com**

