



**2018 - 2019
KC Rep and KC AA Program
Coach Application**

CONTACT

Name _____	Home Phone _____
Address _____	Cell Phone _____
_____	Email _____

COACHING PREFERENCE

Age Group Preferred:	First Choice _____
	Second Choice _____
Team Preferred:	First Choice _____
	Second Choice _____

RECENT EXPERIENCE

Season	Team	Level/Age Group	Organization	Role

QUALIFICATIONS

Copies of Certificate Attached

Clinic	Level	Year

OTHER QUALIFICATIONS

GOALS – SHORT AND LONG TERM

REFERENCES

Copies of Reference Letters Attached

Name	Relationship	Phone Number

I hereby authorize the Knights of Columbus Hockey Club to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their Coach Selection Requirements. Should I be selected, I agree to take part KC Coach Mentorship Information Sessions and to follow the Coach Mentorship Program. I am aware that if I am selected I will be required to complete a Vulnerable Sector Information check, which is part of a Police Information Check and will be facilitated through the Knights of Columbus Hockey office.

At KC Hockey the focus is not on the outcome, the focus is on the process.

Applicant Signature: _____ Date: _____

Applications can be submitted by:

Email: office@kchockey.ca Fax: 780-457-4528

Deadline for submission is February 28, 2018

Mail or drop off: Knights of Columbus Hockey
Attn: Coach Selection Committee
13160 – 140 Avenue
Edmonton, Alberta T6V 0M4