



**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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

Applications can be submitted by Email to [office@kchockey.ca](mailto:office@kchockey.ca)