



**The Pas Minor Hockey Association**

thepasminorhockey.ca

Box 794

The Pas, MB R9A 1K8

**Head Coach Application Form**

*PLEASE NOTE: Name-Based Criminal Record Check and Vulnerable Sector Check are mandatory for positions held within The Pas Minor Hockey.*

**LEGAL NAME:** \_\_\_\_\_

**MAILING ADDRESS:**

**Box Number/Street Address (wherever your mail is delivered):**

\_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

**Phone Number(s):**    **Home:** \_\_\_\_\_

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

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

**AGE DIVISION FOR APPLICATION:**

**First Choice** \_\_\_\_\_

**Second Choice (if applicable):** \_\_\_\_\_

**COACHING/OTHER CERTIFICATIONS (Please indicate year that certifications were obtained):**

Coaching Level: _____	Year of Certification: _____
Coaching Level: _____	Year of Certification: _____
Coaching Level: _____	Year of Certification: _____
Speak Out/Respect in Sport: _____	Year of Certification: _____
Initiation: _____	Year of Certification: _____
Safety: _____	Year of Certification: _____
Checking Clinic: _____	Year of Certification: _____

**PREVIOUS COACHING EXPERIENCE (please list division level and years coached, if possible)**

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**PREVIOUS HOCKEY EXPERIENCE (years played, assisted, etc.)**

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**PLEASE LIST ANY CONTRIBUTIONS TO HOCKEY THAT MAY NOT BE APPLICABLE TO THE ABOVE**

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*In accordance with Hockey Canada Abuse and Harassment policies adopted by Hockey Manitoba, all coaches will be subject to a background check.*

*I agree that if I am considered for any of the applied positions, I will complete the mandatory criminal record and vulnerable sector checks (a letter from TPMHA is required to avoid fees associated with checks).*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**REFERENCES (please provide a minimum of three (3) references with at least one (1) reference that would be familiar with your coaching style and overall abilities):**

1. Name: \_\_\_\_\_  
Email(s): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

*Do we have permission to contact this person? (Please circle one)*      YES      NO

2. Name: \_\_\_\_\_  
Email(s): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

*Do we have permission to contact this person? (Please circle one)*      YES      NO

3. Name: \_\_\_\_\_  
Email(s): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

*Do we have permission to contact this person? (Please circle one)*      YES      NO

**DATE OF APPLICATION:** \_\_\_\_\_

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*The Pas Minor Hockey Office Use Only*

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_