



# Windsor Minor Hockey Association

**H O M E   O F   T H E   J U N I O R   S P I T F I R E S**

Last Name:		First Name:		Initial:	Age:
Address:		City:		Postal Code:	
Home Phone:		Cell Phone:		e-mail:	
DL #:		Marital Status: S M D Sep W			Sex: M F
Employer:		Phone:		How Long:	
Address:		Occupation:		Full or Part Time:	

- |                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Novice   | <input type="checkbox"/> Minor | <input type="checkbox"/> Head Coach      |
| <input type="checkbox"/> Atom     | <input type="checkbox"/> Major | <input type="checkbox"/> Assistant Coach |
| <input type="checkbox"/> Pee Wee  | <input type="checkbox"/> A/E   | <input type="checkbox"/> Trainer         |
| <input type="checkbox"/> Bantam   |                                | <input type="checkbox"/> Manager         |
| <input type="checkbox"/> Midget   |                                | <input type="checkbox"/> On-Ice Helper   |
| <input type="checkbox"/> Juvenile |                                | <input type="checkbox"/> Other (specify) |

Coaching Certificate Number: \_\_\_\_\_  
 CHIP  Level 1  Level 2  Intermediate  Advanced

Trainer Number: \_\_\_\_\_

Prevention Services Number (PRS): \_\_\_\_\_

Do you have a child eligible to play for the desired team?  Yes  No

**Coaching Experience:** (Provide a short resume including positions held)

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Have you ever been charged under the Criminal Code of Canada?  Yes  No

If yes, explain and provide dates:

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Do you consent to a full background check?  Yes  No

Applicant's Signature: \_\_\_\_\_

**References:**

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Relationship:	Relationship:

I, \_\_\_\_\_, authorize Windsor Minor Hockey Association to collect personal information appropriate to the position applied for by verifying the information contained herein and by speaking with the character references I have supplied.

I also understand that in order for my application to be considered, I must submit to a police reference check.

I understand that the information obtained will be confidential, but may be shared with members of the WMHA Board in order to determine suitability.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Windsor Minor Hockey Association is a youth hockey program dedicated to providing an organized environment to members within Windsor. Our program promotes skills development of both players and volunteers, and provides an atmosphere where youth can have fun playing and learning the game of hockey in a safe and secure setting.*