



Niagara Falls Girls Hockey Association

4500 Queen Street, P.O. Box 454
Niagara Falls, Ontario L2E 6V2
www.nfgaha.com / nrapids@cogeco.ca



Coach /Volunteer Application Form 2009-2010 SEASON

Surname: _____ First Name: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ E-Mail: _____
Home Phone # _____ Cell Phone # _____

By submitting this application; I, as a volunteer, am aware that I and my coaching staff **must**:

- Provide a Police Criminal Record Background Check (or proof of application) prior to **September 1st, 2009 for Travel teams OR October 1st, 2009 for House League.**
- Obtain the required certification (or proof of registration), including the "Speak Out" prior to **November 1st 2009.**
- **I understand that if I do not meet these requirements, I will be removed from the Coaching Staff.** (initial)_____

REQUEST FOR 2009-20010 SEASON – Please check one per area below.

I am applying: as an individual with a complete coaching staff

Position: Head Coach Assistant Coach Trainer Manager
 Executive Member

TRAVEL

Division: Atom (9, 10) Peewee (11, 12) Bantam (13, 14) Midget (15, 16, 17)
 Intermediate (18, 19, 20, 21)

Category: AA A BB B

HOUSE LEAGUE

Division: Novice (8 and under) Atom (9, 10)
 Peewee (11, 12) Bantam (13, 14) Midget (15, 16, 17)

THE ACTUAL TEAMS OFFERED WILL DEPEND ON FINAL REGISTRATONS AND PLAYER ABILITY.

Would you be willing to accept a position other than what you have indicated above?

Yes No If Yes, please specify which position(s)_____

COACH CERTIFICATION

Coach Level	Year Attained
Coach Cert. number	

TRAINER CERTIFICATION

Trainer Level	Expiry Date
Card number	

Have you attended the **Speak Out (Abuse and Harassment) Clinic**? Yes No
 If Yes, please specify the date you attended _____ and the Number: _____

COACHING EXPERIENCE

Seasons (i.e. 2005-2006)	Association(s)	Position (i.e. Manager)	Division/Level (i.e. Peewee AA)

REFERENCES - All information must be fully completed in order to process your application.

Name: _____ Address: _____
 City/Province: _____ Postal Code: _____
 Home Phone #: _____ Business Phone #: _____

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Name: _____ Address: _____
 City/Province: _____ Postal Code: _____
 Home Phone #: _____ Business Phone #: _____

I also agree to abide by the Constitution, Code of Conduct and all Guidelines of the Niagara Falls Girls Hockey Association. Failure to comply will result in disciplinary action or a request for my resignation.

Signature: _____ Print: _____ Date: _____

Completed Application Forms may be mailed to: NFGHA, PO Box 454, 4500 Queen St.,
 Niagara Falls, ON, L2E 6V2 or email to: nrapids@cogeco.ca

TRAVEL COACH APPLICATION FORMS ARE DUE BY
Sunday, March 15th, 2009

Selection process will run from March 17 to April 2
 Player try-outs will start on or around April 22, 2009

HOUSE LEAGUE COACH APPLICATIONS ARE DUE BY
Sunday, September 13, 2009

Player evaluations are expected to start late September 2009