

Gander Minor Hockey Association Rep Team Bench Staff Application Form



A copy of this form is to be completed by Applicants and returned to the GMHA Office one week prior to the start of tryouts.

1.	Personal I	nformation							
Name:									
Home	Address:								
Home	Phone #:		Cell Phone #:						
E-mail	:		Birtl	n date:					
2.	 Coaching staff position applying for (please rank in order of preference, 1 being highest) 								
		Head Coach	Asst. Coach	Trainer	Manager				
	Rep 1								
	Rep 2								
	Rep 3								
3.	Recent Co	oaching Experience							
Most r	Most recent team coached:								
Coach	ing Position or	n most recent team coa	ached:						
Catego	ory / Level of T	eam:							
4.	. Coaching Levels								
Please	circle coachi	ng levels completed	i :						
Coach	1 Coach	2 Developme	ent 1 (D1) High	Performance 1					
Dates of Completion:			НС	R Number:					

Past bench staff experience:					
Season	Name of Team	Position	Category/ Level	Association	

All candidates must have the following completed to be considered for a bench staff position:

- Registered as a volunteer with GMHA on Spordle
- Completed and signed Bench staff application and Disclosure form
- Police record check and Vulnerable sector check
- Respect in Sport for Activity Leaders (hnl.respectgroupinc.com)
- Completed HNL Screening Application (found on GMHA website)

I certify that the information provided he	rein accurately outlines my qualifications and experience
Signature of Applicant	Date

References:		
Applicants are required to provide two any of the following sources: Minor Ho in the past, an Executive for a past to	ockey Association, a coach whom	n you have worked with
References		
Name	Contact Information	
Name	Contact Information	



GANDER MINOR HOCKEY ASSOCIATION



DISCLOSURE FORM

All individuals who make application for staff positions within this Association must disclose any activities that may be deemed to place the individual in a direct or potential conflict of interest with the policies of the Association. All information relating to the individuals involvement as well as any involvement of any and all related children with any team, league, or association within Hockey Newfoundland and Labrador must be disclosed. All other information relating to the individuals involvement with other hockey related activities including private hockey school and private hockey teams or ventures must also be reported.

I	_, profess that all my
(Name)	
Involvement with hockey programs has been disclosed in the appropapplication form and/or in the space provided on this form. I als Hockey Association Chief Director immediately if I do become involvand/or associations, private or within Hockey Newfoundland and La	o agree to inform Gander Minor red with additional teams, leagues
	_
Signature	
Additional Information	