



Oakville Hornets House League Coaching Application 2009 – 2010

c/o Joshua Creek Arenas

1663 North Service Road East, Oakville, ON L6H 7T1

Phone: 905-337-8800 Email: info@oakvillehornets.on.ca

PERSONAL INFORMATION	
Name:	
Address:	
Home Phone:	Business Phone:
Fax:	Email:
Team Applied For:	
Daughter's Name:	
Daughter's Current Team:	
BACKGROUND	
Coaching Certification Level:	
Certification Number:	Date Achieved:
Trainers Certification Level:	
Certification Number:	Date Achieved:
Speak-Out Course Date Taken:	Certification Number:
Date of Last Security Clearance	
Note—Security Clearance MUST include VULNERABLE SECTOR SCREENING; Security Clearance to be submitted with application	



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COACHING EXPERIENCE
2008-2009:
2007-2008:
2006-2007:
Prior Years:
OTHER HOCKEY COACHING EXPERIENCE
2008-2009:
2007-2008:
2006-2007:
Prior Years:
OTHER NON-HOCKEY COACHING EXPERIENCE
2008-2009:
2007-2008:
2006-2007:
Prior Years:
PERSONAL REFERENCES (NON-HOCKEY RELATED)
Name/Phone Number
1.
2.

PLEASE RETURN COMPLETED FORM TO
Oakville Hornets Girls Hockey Association
c/o Joshua Creek Arenas
1663 North Service Road East
Oakville, ON L6H 7T1
Email: info@oakvillehornets.on.ca

Please call 905-337-8800 with any questions.