

## Ajax/Pickering Minor Hockey Association Select Coaching Application 2025 - 2026 Season

Personal Information				
Name:				
Address:	Ci	City:		
Postal Code:	DOB: MMM/DD/Y	DOB: MMM/DD/YYYY:		
Home #:	Cell #:	Cell #:		
Email:	Occupation	Occupation:		
	for?			
	:			
	/ESNO (Non-Parent) eck One)			
Your Coaching History				
Year	Team	Your Role		

Your Child's Information	on	
If you will have a child on the	team you are applying for fill in this sec	etion
Child's Name:	Birth Year: Position: F	DG
How would you rank your chi	ld on the current team?	
Last Season Playing Histo	ry (Your Player)	
<u>Year</u>	<u>Team</u>	Level (AAA,AA,A,AE etc)
□Yes □NO If you are not certifi  Declaration: By submitting my ap investigation deemed necessary requirements. Should I be select agree to provide a volunteer crim the criminal record check (VSC) i season.	the level for which you are applying? ed at the required level, are you willing to take oplication I hereby authorize the Ajax Pickering to verify my credentials, qualifications, and cha ed, I further agree to abide by the Constitution ninal record check to APRMHA and I understan s not satisfactorily completed and received in t	Minor Hockey Association to conduct any aracter in order to meet their coaching is, Bylaws, and Policies of the APRMHA. I and that I may be removed as a team official if
be accepted. Application deadline is midr If you are a new Head Coad	ch also provide a cover letter and includ r hockey playing experience nockey:	
position.  NOTICE:	applications and assess a candidate's of a	