



OSHAWA CHURCH HOCKEY LEAGUE

BENCH STAFF APPLICATION ROSTERED SELECTS

SEASON _____

POSITION APPLYING FOR PLEASE CIRCLE ONE PER APPLICATION

Note only head coach is secured until completion of try outs and with the approval of the Select Coordinator the remaining staff will then be approved.

HEAD COACH ASSISTANT COACH TRAINER MANAGER

NAME FIRST _____ LAST _____

DATE OF BIRTH YEAR _____ MONTH _____ DAY _____

ADDRESS STREET # _____ NAME _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE NUMBER HOME _____ CELL _____

E MAIL ADDRESS _____

TEAM APPLYING FOR DIVISION PLEASE CIRCLE ONE PER APPLICATION

IP TYKE 7 NOVICE 8 ATOM PEEWEE BANTAM MIDGET

MINOR MAJOR

PREVIOUS SEASON TEAM HELD IF APPLICABLE _____

OMHA CREDITIALS HELD PLEASE CIRCLE COACH LEVEL 2 OR TRAINERS

LEADERSHIP IN SPORT COMPLETED PLEASE CIRCLE YES OR NO

LEAGUE REFERENCE NAME _____

The Oshawa Church Hockey League in compliance with the Ontario Minor Hockey Association and the Oshawa Minor Hockey Association has determined that any volunteer that is in a position of trust shall be subject to the following :

Screening Process: completion of this application form

Reference check

Police check (CIR) an interview

All CIR and OMHA certifications must be in place and valid by 2 weeks before 1st try out skate.

Exceptions for OMHA CERTIFICATIONS are only approved by registrar by email.

We realize that this may be somewhat time consuming and invasive, but for the protection of all parties involved it is necessary. Please note that all information provided will be held in the strictest confidence. All documentation collected during the police checks (CIR) and any required interviews including this application form become the property of the Oshawa Church Hockey League. With my signature, I hereby agree that I will follow all the Rules and Regulations of the Oshawa Church Hockey League, Ontario Minor Hockey Association, and Oshawa Minor Hockey Association.

I agree that I will promote fair play, good sportsmanship, and will encourage positive attitudes among all participants. I understand and agree with the philosophy of the Oshawa Church Hockey League that all participants receive equal and fair ice time regardless of their abilities.

APPLICATIONS MUST BE RECEIVED BY JUNE 15 TO THE SELECT CO ORDINATOR

FOR THOSE WISHING APPLICATIONS CAN BE DELIVERED TO ANY EXECUTIVE MEMBER OR MAILED TO:
50 Simcoe St North Oshawa Ontario L1G 4S1

All criminal checks (CIR) will be done 2 weeks prior to first try out skate and delivered to 1st VP in sealed envelope (no photo copies). To be reviewed and filed for season. Failure will result in loss of team.

www.omha.net for further assistance on certification needs/ online and clinics or contact registrar.

SIGNATURE OF APPLICANT _____

DATE _____