

# Caledon Female Hockey Association

## Rep Coach Application 2025-26



INDICATE AGE(S)/DIVISION(S) APPLYING FOR:

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Please email [this application](#) form along with your [Coaching Resume](#) to the attention of VP

Rep: [vprep@caledoncoyotes.ca](mailto:vprep@caledoncoyotes.ca)

<b>Name:</b>		<b>PHONE:</b> Home # Cell #	
<b>Address:</b>		<b>Daughter's Name &amp; Year of Birth</b>	
<b>E-mail:</b>			

**Coaching Information:**

Please provide a copy of the below certification(s) with your application.

**COACHING CERTIFICATION**

<u>Certificate</u>	<u>Yes/No</u>	<u>Year Attained</u>	<u>Expiry Date</u>
C.H.I.P.			
Coach level			
Speak-out			
Trainers			
First Aid			
***Do you have a current <b>Police Volunteer Screening with the CFHA?</b>			

**Coaching Experience:**

<b>Dates?</b>	<b>Position</b>	<b>Division/ Category:</b>	<b>Tier Level</b>
<i>(ie 2018-2024)</i>	<i>(ie Head Coach)</i>	<i>(ie U13)</i>	<i>(ie AA)</i>
<b>Association:</b> <i>(ie CFHA)</i>			

**References:** (for previous coaching experience with other Associations if applicable)

<b>Name</b>	<b>Association</b>	<b>Phone</b>	<b>Email</b>

Please briefly describe your **Coaching Philosophy:**

By signing this application I agree to give the Caledon Female Hockey Association authorization to complete any necessary background checks. I am aware that I must submit a completed proof of police check or consent to disclosure waiver form as a part of the selection process. I hereby certify that the above information is completely true and represents an accurate description of my qualifications.

<b>Print Name:</b>	<b>Date:</b>
<b>Signature:</b>	

Please also add and send a typical practice plan specific to age group(s) you are applying for.

This application will be reviewed by the VP Rep and Coach Selection Committee.