



Caledon Female Hockey Association

Rep Coach Application 2026-2027

Please email this application with your coaching resume plus a practice plan to
President@caledoncoyotes.ca

INDICATE AGE(S)/DIVISION(S) APPLYING FOR:			
NAME		NUMBER	
EMAIL		DAUGHTERS NAME & BIRTH YEAR	

COACHING CERTIFICATION - *Please provide a copy of the below certification(s) with your application*

Certificate	YES/NO	Year Attained	Expiry Date
High Performance 1			
Development 1 Trained /Certified			
Coach 2			
HTCP Level 1 (trainer)			
RIS – Respect in Sport			
Do you have a current Police Volunteer Screening with the CFHA (YES/NO):			

Coaching Experience:

Association (ie CFHA)	Dates (ie 2018-2024)	Position (ie Head Coach)	Division/Category (ie U13)	Tier Level (ie AA)

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

Name	Association	Phone	Email

Please briefly describe your Coaching Philosophy:

NAME		DATE	
SIGNATURE			

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.