

CHILLIWACK MINOR LACROSSE ASSOCIATION



Coaching Application

(to be completed by all prospective Minor Division coaches)

Name	_____	Phone	_____
Address	_____	Cell	_____
City	_____	Email	_____
Postal Code	_____		

Indicate highest level of certification (check boxes)

Coaching Level - Certification	None	In Training	Trained	Certified
Community Initiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Development/Level 1 Technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitive Introduction/Level 2 Technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitive Development/Level 3 Technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCCP #	_____			

Indicate which team(s) you are applying for 2019 Season (check boxes)

Head Coach	<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>
Mini-Tyke	<input type="checkbox"/>		
Tyke	<input type="checkbox"/>		

	" A " Advanced	" B " Intermediate	" C " House
Novice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pee Wee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bantam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coaching History – please indicate what ages and levels you have coached for the following:

Year	Club	Level
2018		
2017		
2016		
2015		
2014		
2013		

Please provide a brief summary of your coaching theory:

I understand that submission of this application does not guarantee me a coaching position with Chilliwack Minor Lacrosse in 2019.

Signature _____

Date _____

Send completed form to: Chase Porter, VP of Development
Email: vpdevelopment@chilliwacklacrosse.com

To be completed by Chilliwack Minor Lacrosse Executive

Police Check Complete _____
(if required) (Club Executive)

Date _____