

# OFFICIALS APPLICATION



2010/2011 Hockey Season | [www.millbrookhockey.com](http://www.millbrookhockey.com)

Please circle the position for which you are applying: **Coach** | **Assistant Coach** | **Manager** | **Trainer**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

## Preferences

1<sup>st</sup> choice Division \_\_\_\_\_ 2<sup>nd</sup> choice Division \_\_\_\_\_  
O.M.H.A. \_\_\_\_\_ L.E.O. \_\_\_\_\_ 3<sup>rd</sup> choice Division \_\_\_\_\_

## Experience

Position	Year	Division	Team	Class
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Certification Programs / Clinics \*\*\* ALL BENCH PERSONAL MUST BE CERTIFIED PRIOR TO THE SEASON \*\*\*

NCCP Level \_\_\_\_\_ Number \_\_\_\_\_  
HTCP Level \_\_\_\_\_ Number \_\_\_\_\_  
Speak-out \_\_\_\_\_ Number \_\_\_\_\_

## References

Name	Telephone	Relationship?
_____	_____	_____
_____	_____	_____
_____	_____	_____

If requested, would you be willing to make a presentation to MDMHA Executive Committee in support of your application? Please circle: Yes / No

**All positions are required to undergo a *POLICE CHECK* and *APPROPRIATE CERTIFICATION* prior to assuming role.**

**Questions or Concerns?** Please call: Ken Thomas 705-932-7649

**Mail completed applications to:** Ken Thomas  
43 Brookside St.,  
Millbrook, ON L0A 1G0