



## **OMAHA District Zone Team Position Application** **Omaha North Zone**

Please find the application below for the for the 2017-2018 Omaha District Zone season.

The BC Hockey ODZ was piloted between 2016-2017 to provide elite level Bantam and Midget aged players the opportunity to play within their own age group at a high level and be developed for the next level of hockey.

Please note that all returning team officials must complete an application form to be considered for a position. All applicants, especially any applicants who were not a part of the ODZ in the 2016-2017 season, are required to include detailed information regarding their hockey background.

Deadline to submit a ODZ Team Staff application is May 26, 2017.

### **Application Information**

Position(s) being applied for\*

- Head Coach
- Trainer
- Assistant Coach
- General Manager

Applicable District this should be considered for\*

- OMAHA North Zone Midget 1
- OMAHA North Zone Midget 2
- OMAHA North Zone Bantam 1
- OMAHA North Zone Bantam 2

If not selected as head coach, would you accept the position of assistant coach?

- Yes
- No

**First Name\*** \_\_\_\_\_ **Last Name\*** \_\_\_\_\_

**Date of Birth\*** \_\_\_\_\_ (M/D/Y)

**Street Name\*** \_\_\_\_\_

**City/Town\*** \_\_\_\_\_

**Postal Code\*** \_\_\_\_\_

**Phone Number\*** ( ) \_\_\_\_\_

**Email\*** \_\_\_\_\_

Do you have a family member involved in the ODZ League?

- Yes
- No

If yes, please explain:

- I understand that any person applying for a position must consent to a criminal record check / vulnerable person check.

**Club Team Experience:** \_\_\_\_\_

2016-2017 Club Team: \_\_\_\_\_ Position: \_\_\_\_\_

2015-2016 Club Team: \_\_\_\_\_ Position: \_\_\_\_\_

2014-2015 Club Team: \_\_\_\_\_ Position: \_\_\_\_\_

Please expand on your experience below:

List other areas that may be valuable to the program: (i.e.: First Aid Training, etc.):

**References:**

---

**\*\*Note that references must be hockey related\*\***

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Certifications**

---

**NCCP Certification:**

**\*\*Note:** Development 1 certification is required for Assistant Coaches; High Performance 1 certification is required for Head Coaches.

Certificate Number: \_\_\_\_\_

Level: \_\_\_\_\_

Year: \_\_\_\_\_

**HCSP Certification:**

Expiry Date:

- Yes
- No

**Speak Out/Respect in Sport: \*\*required**

- Yes
- No

Date Completed: \_\_\_\_\_ (M/D/Y)

**Please attach a resume with the application form and email to [ian@salmonarmgm.com](mailto:ian@salmonarmgm.com)**