Huron Lakers Basketball Club

**TEAM COACH APPLICATION**

(TO BE COMPLETED BY THOSE APPLYING FOR ALL COACHING/VOLUNTEER POSITIONS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Home Phone # |  |
| Date of Birth |  |  | Cell Phone # |  |
| E-mail |  |  | Work Phone # |  |
| Address: |  |  | City: |  |
| Province: |  |  | Postal Code: |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Coaching Position Preferred and specify role (Head Coach, Asst. Coach, Manager, Trainer, etc.)**:

|  |  |
| --- | --- |
| **1st Choice (specify age group/gender & position)**: |  |
| **2nd Choice (specify age group/gender & position)**: |  |

**Do You Have a Child(ren) Playing or Hoping to Play Travel for our Club?** YES / NO

If YES, Please Indicate their Name(s) and Date(s) of Birth and Team:

|  |  |  |
| --- | --- | --- |
| Name: | D.O.B. | Team: |
| Name: | D.O.B. | Team: |

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**COACHING QUALIFICATIONS:**

Please provide/attach a **Resume** or a **CV Letter** outlining your job, coaching and volunteer experiences. Below, please indicate all qualifications but specifically those required by Ontario Basketball Association:

|  |  |  |
| --- | --- | --- |
|  | Date Complete | Date Signed Up For/Applied For |
| NCCP # |  |  |
| Learn To Train |  |  |
| Train To Train |  |  |
| First Aid |  |  |
| CPR |  |  |
| High Five |  |  |
| Athletic Trainer |  |  |
| Police Vulnerable Sector Check |  |  |
| Other |  |  |

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**CONSENT FOR USE OF PERSONAL INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby grant permission for Huron Lakers to provide my name, telephone number, and e-mail address to other Club volunteers (including but not limited to other coaches, team officials, and board members), players or their parents. I understand that this information will only be provided to help ensure the smooth operation of the organization. I understand that should I have any limitations to the above (including withdraws to this consent) the Travel Director should be notified in writing.

Furthermore, should I be selected for a coaching position, I authorize the Ontario Basketball Association, Canadian Basketball Association and Huron Lakers to collect and use personal information about me for the purpose of receiving communications from the Ontario Basketball Association, Canadian Basketball Association and Club.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Coach Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_