

# 2010 CFB Petawawa Base Team Coach and Staff Application

Once completed, return to Mil Sports Dept at DDH for consideration.

<b>Name:</b>	<b>E-Mail:</b>	
<b>Phone #:</b>	<b>Local</b>	
<b>Current Coaching Certification Level:</b> _____		
<b>Are you able to attend a NCCP Coaching Clinic?</b> <input type="checkbox"/> I will attend. Please make reservations for me on _____ (Date/Location) <input type="checkbox"/> I will attend. I will make my own arrangements. <input type="checkbox"/> I am unable to attend. <input type="checkbox"/> I am exempt (reason listed above).		
<b>Sport Experience (Playing):</b>		
Date	Location	Level of play (most recent first)
1.		
2.		
3.		
4.		
<b>Coaching Experience (All Sports)</b>		
Date	Location	Level of play (most recent first)
1.		
2.		
3.		
4.		
<b>References (Please list both personal and sport-related, if possible)</b>		
Name	Phone #	Address (if known)
1.		
2.		
3.		
<b>(Please mark all that apply &amp; circle your first choice)</b>		
<b>What Team are you interested in?</b> Sport _____ <input type="checkbox"/> Men's <input type="checkbox"/> Women's		
<b>You prefer to be:</b> <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager <input type="checkbox"/> Medic		
<b>Would you consider another position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		