



MARK'S PROGRAM OF EXCELLENCE STAFF APPLICATION

Division Applying For: (can apply for more than one division): O U14 Male O U16 Female		
Position Applying For (can apply for more than one): O Head Coach O Asst. Coach O Trainer O DOPS		
Name:		
Mailing Address:		
City/Town: Postal Code:		
Phone: (Cell)	(Home)	
E-mail Address:		
Current Team:		
NCCP Certification Held:		
* please note all Coaches are required to have a minimum of Development 1 certification;		
Safety Program Certification Held:		
VOLUNTEER SCREENING		
Criminal Records Check: On file with Hockey PEI - Circle Yes or No		
Respect in Sport or Speak Out Program: Have completed - Circle Yes or No		
Do you or will you have a child registered in the High Performance Program? - Circle Yes or No		
PERSONAL		
Jacket Size: Track S	Suit Size (jacket/pant):	Shirt Size:
HOCKEY BACKGROUND		
<u>Year</u>	Team/Category	Role/Responsibility
REFERENCES		
Name:	Position:	Phone:
Name:	Position:	Phone:

Please attach your personal hockey resume. Please feel free to attach any other relevant information to this application form. Applications can be faxed to Hockey PEI at (902) 368-4337 or sent by e-mail to mike @hockeypei.com

For additional Information, please contact Mike White – (902) 368-4334.