

OFFICE USE ONLY:
 PRS on File: _____ month / _____ day / _____ year
 NCCP Renewal: _____ month / _____ day / _____ year
 NTCP Renewal: _____ month / _____ day / _____ year

 Signature of Applicant
 _____ month / _____ day / _____ year

AUTHORIZATION FOR VERIFICATION OF REFERENCES / PAST HISTORY

References: List two references (i.e. parent, co-worker, professional, clergy)
 Name: _____
 Address: _____
 City/Province: _____
 Postal Code: _____
 Tel. Res.: (_____) _____
 Name: _____
 Address: _____
 City/Province: _____
 Postal Code: _____
 Tel. Res.: (_____) _____

Year: _____
 Position: _____
 Team: _____
 Center: _____
 Year: _____
 Position: _____
 Team: _____
 Center: _____

In the event you have accepted prior team assignments within our League or another Center, please list below:
Past History:

Team Selection:
 in the event the above position is not available:
 Would you accept another position on the above requested team? YES _____ NO _____
 Would you accept another position on another team? YES _____ NO _____
 If yes, list requested team and division: _____

Coaching Staff Position Requested:
 Assistant Coach: _____
 Trainer: _____
 Assistant Coach: _____
 Manager: _____

NCCP#: _____
Level: _____
 Telephone: _____
 Fax: _____
 E-mail: _____
 NTCP#: _____
 All Applicants will be required to complete and submit a Police Record Check

Requested Team: _____
Level: AA A A/E
 (please circle all that apply)
Applicants Name: _____
Applicants Address: _____

COACHING STAFF APPLICATION

www.peterboroughnationals.com

171 Rink Street, Suite 112, Peterborough, On K9J 2J6

