



COACHING APPLICATION

WHO YOU ARE - please print

NAME: _____ DATE OF BIRTH: _____

MM | DD | YEAR

MAILING ADDRESS: HOME WORK

STREET # AND NAME CITY PROVINCE POSTAL CODE

TELEPHONE: () () ()
HOME WORK CELL

EMAIL ADDRESS: _____

LANGUAGE SPOKEN: ENGLISH FRENCH BOTH

Please include a detailed resume of your coaching experience, including any other leadership roles outside of hockey.

COACHING INFORMATION - please print

I would prefer my application to be considered as: (Please select only one)

POSITION: Head Coach Assistant Coach Trainer Other:

MOST RECENT TEAM COACHED:

Team: _____ Position: _____

A. TEAM APPLYING FOR (FIRST CHOICE)

Team: _____ Position: _____

B. TEAM APPLYING FOR (SECOND CHOICE)

Team: _____ Position: _____

Teams for the 2018-2019 will be approved during the February 21st Board Meeting. Please list teams you wish to coach, if they are not available, your application will be considered for the next available program.



COACHING APPLICATION

NATIONAL COACHING CERTIFICATION PROGRAM (NCCP)

COMPLETED LEVELS (Please provide certification numbers in the spaces provided)

Coach # _____ Initiation # _____ Speak Out # _____

Trainer # _____ Body Checking # _____ Intermediate # _____

OTHER COACHING COURSES OR TRAINING:

POLICE CHECK

COPY OF POLICE RECORD CHECK MUST BE ATTACHED, IF NOT PREVIOUSLY SUBMITTED, IN ORDER TO PROCESS YOUR APPLICATION.

POLICE RECORD CHECK (DATE ISSUED): _____

It is a requirement for all Coaches, Assistant Coaches, Trainers and Managers to provide a Police Record Check which includes Vulnerable Sector Screening.

In order to obtain a police record check, you must attend the North Bay Police Service (resident of North Bay), Ontario Provincial Police or First Nations in person. In order to process the check, you will be required to produce two pieces of valid government issued identification. The identification must confirm your name, date of birth and address, one piece of identification must have a photo. They accept driver's license, birth certificate, citizenship card, passport, age of majority, Military Identification, Indian Status card, student identity card from a Canadian institute, etc.



COACHING APPLICATION

ABOUT YOU

1. Do you have a child registered with West Ferris Minor Hockey Association?

YES NO

2. If a Coaching Position were not available in the age group of your choice, would you be willing to coach in another division or help out with skill clinics?

YES NO

(If Yes, which division?) _____

3. Do you feel your child will make the team for which you are applying:

YES NO

4. In what portion of the team do you feel your child will rate?

Upper _____ Middle _____ Lower _____

5. Will you coach the team if an independent committee does not assess your child to make the team?

YES NO

6. Are you certified for the level for which you are applying?

YES NO

7. If you are not certified at the required level, are you available to take a weekend course to attain the required level?

YES NO



COACHING APPLICATION

NEXT STEPS

Please attach and send all applications to wfcoachapp@gmail.com

- Coaching Resume which should include:
 - How Do You Define Success as a Hockey Coach?
 - Scope of Experience (league play, tournament play, playoffs, NOHA titles)
 - Why Do You Want To Coach A Team
 - Additional Information You Wish To Provide
- An 50 minute practice plan for AA and A
- References may be requested by the committee.
- A list of candidates for your Coaching Staff

If you are granted an interview be prepared to discuss the following:

- Your strengths as a head coach
- The changes you feel necessary for the team applied
- Short and Long term goals for the team applied

NOTE: If you are accepted to coach, you and all members of your staff must agree to provide a criminal record search by the date(s) established. For a copy of our volunteer and member with criminal records policy visit www.wfmha.ca

POLICY ACKNOWLEDGEMENT

The Coach Selection Committee requires that the Head Coach acknowledge responsibility and understanding of the following requirements:

- Fair Play Code of Conduct requirement
- Police Check requirement
- On-ice helmet requirement for all staff and participants
- Licensed Apparel Program
- Rules of Operation

I hereby acknowledge that I understand the above requirements and all applicable West Ferris Minor Hockey Association By-laws, Resolutions, Policies and Rules of Operation requirements and that I am responsible for ensuring compliance with the above. I also understand that only applications considered by the committee to be suitable will be granted an interview. I agree that the decision of the committee is final and I hold the committee, West Ferris Minor Hockey Association and/or any other governing body harmless for the decision. By signing this form you agree that West Ferris Minor Hockey Association may contact you via email.

Date: _____ Signed: _____