

COACHING APPLICATION

Please **PRINT** all information

DATE: _____

NAME: _____

ADDRESS: _____ Postal Code: _____

BIRTHDATE: _____

TELEPHONE: Home: _____ Work: _____ Cell: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

PERSONAL REFERENCES:

1. Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

2. Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

HOCKEY REFERENCES:

1. Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

2. Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Do you have a child registered in Aldergrove Minor Hockey?

Yes: _____ No: _____

Which age group would you prefer to work with? (Please check)

Initiation H1	5 yr olds	_____	Pee Wee	11-12 Yr Olds	_____
Initiation H2	6 yr olds	_____	Bantam	13-14 Yr Olds	_____
Initiation H3	7 yr olds	_____	Midget	15-16-17 Yr Olds	_____
Initiation H4	8 yr olds	_____	Juvenile	18-19 Yr Olds	_____
Atom	9-10 yr olds	_____			

Which calibre of hockey do you want to coach? (Check all that you are interested in)

House C _____ Rep A _____ Rep A2 _____

If a coaching position is not available in the age group of your choice, would you be willing to coach in another division?

Yes: _____ No: _____

Would you be willing to be an assistant coach if you are not chosen as a head coach?

Yes: _____ No: _____

Please answer the following 3 Questions:

1. Do you feel your child will make the team for which you are applying?

Yes: _____ No: _____ N/A: _____

2. In what portion of the team do you feel your child will be?

Top: _____ Middle: _____ Bottom; _____ N/A: _____

3. Will you coach the team if an independent committee of coaches does not select your son/daughter?

Yes: _____ No: _____ N/A: _____

QUALIFICATIONS:

Hockey Canada Coaches Certification Program (NCCP)

<u>Level Attained</u>	<u>Yes / No</u>	<u>Year</u>	<u>Location</u>
Respect in Sport (Speak Out) (Parents Level)	_____	_____	_____
Respect in Sport (Speak Out) (Team Official Level)	_____	_____	_____
Hybrid Clinic (Intro to Coaching / Coach Stream)	_____	_____	_____
Developmental 1 (for Rep Level)	_____	_____	_____

SUMMARY – TEAM OFFICIAL QUALIFICATIONS

The information in the table below is the past and present descriptions of the coaching training. Check the ones that you achieved.

Pre 1986 Levels		1986-2005 Levels		2005 to Present	
(n/a)		Initiation Program		Intro. Coach or Hybrid	
Level 1 and Level 2		Coach Level		Coach Stream or Hybrid	
Level 3		Intermediate Level		Developmental 1	

(Table from pg. 67 of the PCAHA 2011 Rules and Regulations)

Are you certified to coach the level for which you are applying?

Yes: _____ No: _____

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

Yes: _____ No: _____

Do you have a valid first Aid Certificate?

Yes: _____ No: _____

If yes, what level? _____

Where Obtained? _____ Date: _____

Any other courses, seminars or qualifications obtained? _____

Police Record Check.

Did you have this completed recently? Yes: _____ No: _____

Date: _____ Location: _____

Are you prepared to have a police record check completed? Yes: _____ No: _____

COACHING PHILOSOPHY:

In point form to provide discussion topics in your interview, on no more than 1 page, note down some methods of your coaching philosophy.

Some topics to consider are:

- player selection
- how you would handle problems,
- how you motivate your players,
- your understanding of a coach's responsibility towards Aldergrove Minor Hockey, players, parents, Referees, Safety, being a role model, etc.

GAME AND PRACTICE PREPARATION:

Provide a sample practice and describe in full how you would prepare for a practice and prepare your players for a game.

Personnel / Player / Parent management:

Briefly describe your attitude and management philosophy towards parents, players and other coaches on your team. How would you handle their concerns?

COACHING EXPERIENCE

HOCKEY: (List in order - EARLIEST to LATEST)

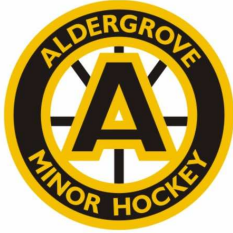
YEAR ASSOCIATION & TEAM NAME AGE GROUP POSITION

OTHER SPORTS:

YEAR ASSOCIATION & TEAM NAME AGE GROUP POSITION

PLAYING EXPERIENCE: HOCKEY

YEAR ASSOCIATION & TEAM NAME AGE GROUP POSITION



PLEASE READ IN FULL

I am aware that the first aim of Minor Sports is the personal and character development of each participant. Winning is a secondary achievement and that each participant in my charge will be given equal opportunity and consideration in all situations and contexts. That the actions of all coaches during any game shall be that of gentlemanly conduct and shall exemplify good example. I am aware of and agree that any behaviour on my part that would be contrary to the above aims could cause the forfeit of my coaching privileges. I further agree to attend all coaching clinics, seminars and meetings sponsored, organized or conducted by Aldergrove Minor Hockey Association.

UNDERTAKING, SIGNATURE AND WAIVER

I certify that the enclosed information IS CORRECT. True and complete to the best of my knowledge. I consent to the disclosure of such information as required by Aldergrove Minor Hockey Association including any and all information that may be obtained through a search of police and court records. I hereby authorize Aldergrove Minor Hockey to conduct a review of my background including contact with my references and any past hockey associations with which I have been associated, as well as relevant police and judicial authorities.

I hereby acknowledge the authority of C.A.H.A., B.C.A.H.A., P.C.A.H.A. and ALDERGROVE MINOR HOCKEY and agree to carry out and abide by their, constitutions, By-Laws, rules and regulations. I undertake to conduct myself in a manner which befits the position of trust and leadership for which I may be appointed. I acknowledge that I may face disciplinary action under the rules of amateur Hockey if I fail to maintain the level of conduct and sportsmanship required by these organizations. I further agree to return all equipment at the end of the current playing season provided to me in trust by Aldergrove Minor Hockey in Good Condition, Save for wear and tear.

SIGNATURE _____ DATE _____