



2014-15 HOCKEY HEAD COACHING APPLICATION

Due Date: Fri. May 30th, 2014

(Interviews to be held in June and final decisions made by June 30, 2014)

Submit completed application to Debbie Jefferson, SBMHA Technical Director @ jefrsn@wightman.ca or mail to Box 32, Teeswater, ON N0G 2S0

- Note:
- Head coaches pick their staff (Trainer, Manager, Assistant Coach,SBMHA will help if necessary)
 - To be on the bench, you are required to have a Prevention services certificate as well as one of the other 2 certificates – (exception – Manager Position)
 - If you wish to apply to multiple teams/age groups please complete one form for each.

PERSONAL: _____
(Given Name) (Surname)

ADDRESS: _____ POSTAL CODE _____

BIRTHDATE: _____ AGE: _____

TELEPHONE: Home _____ Work: _____ Email: _____

O.P.P. CRIMINAL BACKGROUND CHECK ATTACHED? YES___ NO _____

PREFERENCES:

POSITION APPLYING FOR (Please Indicate by highlighting): Head Coach Assistant Coach Trainer Manager

WHICH AGE GROUP ARE YOU INTERESTED IN? (Please indicate by highlighting)

<i>MITE</i>	4-5 YR OLDS	<i>TYKE</i>	5-6 YR OLDS	<i>NOVICE</i>	7-8 YR OLDS
<i>ATOM</i>	9-10 YR OLDS	<i>PEE WEE</i>	11-12 YR OLDS	<i>BANTAM</i>	13-14 YR OLDS
<i>MIDGET</i>	15-17 YR OLDS	<i>JUVENILE</i>	18-20 YR OLDS		

I will only help my child's team Yes___ No___ I will coach other teams as well
I will only help a Rep team Yes___ No___ I will coach a LL team as well
I will only help a boys team Yes___ No___ I will coach a girls team as well

QUALIFICATIONS:

PLEASE LIST ANY COACHING CERTIFICATES AND OTHER TRAINING COURSES TAKEN (please write down the date of the course or expiry date of certification)

NCCP (Coaches) _____

PREVENTION SERVICES _____

INITIATION (CHiP's) _____

TRAINER (HTCP) _____

COACHING RESUME: (please list previous coaching experience)

WHAT IS YOUR PHILOSOPHY ON COACHING?:

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 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 IS REQUIRED BY SOUTH BRUCE MINOR HOCKEY ASSOCIATION INCLUDING ANY AND ALL INFORMATION THAT MAY BE OBTAINED THROUGH A SEARCH OF POLICE AND COURT RECORDS. I HEREBY AUTHORIZE SOUTH BRUCE 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 OMHA, WAAA, AND SOUTH BRUCE 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 SOUTH BRUCE MINOR HOCKEY ASSOCIATION IN GOOD CONDITION, SAVE FOR WEAR AND TEAR.

SIGNATURE _____ **DATE** _____