



COACHING APPLICATION

Please Print

Desired Coaching Position: Head Coach Assistant Coach

Team you are applying to coach: _____
(ex. Bantam AA, Peewee AA, Novice)

If not selected for the position applying for, would you be interested in coaching a different team/capacity? Y N

PERSONAL INFORMATION

Name: _____

Address: _____
(Street/Box #) (City/Town) (Province) (Postal Code)

Telephone: _____
(Residence) (Cell) (Work)

E-mail: _____

PROFESSIONAL DEVELOPMENT

Education Background: High School Diploma
 Technical School Diploma Year: _____
 University/College Degree Year: _____

NCCP Level Attained: None (*If none, coach has until November 15 to obtain Intro to Coach or Coach Level)
 Intro to Coach (*Minimum requirement to coach Timbit and Initiation)
 Coach Level (*Minimum requirement to coach Novice and Older)
 Development 1 (*Minimum requirement to coach any AA team, Bantam AAA or Midget 15 team)
 Development 2
 High Performance 1 (*Minimum requirement to coach Midget AAA team)

Year obtained: _____ Clinic Location: _____

Additional training: Checking Skills Clinic (*Required for coaches of Peewee divisions or older)
 Respect in Sport Coach/Speak-out (*Required for ALL coaches)
 Canadian Hockey Safety Program (*Required one person per bench staff have this course)

Coaching Seminars/Symposiums attended in addition to NCCP:

_____ Year: _____
Year: _____
Year: _____

Are you willing to take additional Hockey Canada training/certification programs?: Y N

COACHING & HOCKEY EXPERIENCE

Highest Level Played: Minor Hockey
 Junior Hockey
 College/Professional

Team: _____

List your most recent hockey seasons coached (List most recent season first):

<u>Season</u>	<u>Team Name</u>	<u>Head Coach</u>	<u>Asst. Coach</u>	<u>Age Division</u>	<u>Category</u>
Ex) 2013-14	Medicine Hat Venom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Peewee	AA
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

List other coaching experience (any sport):

ADDITIONAL INFORMATION

Please indicate your agreement to do a criminal record check and child welfare check by initialling here _____

Please provide names of assistant coaches and/or team manager if available:

COACHING PHILOSOPHY

On a separate page, please answer in detail the following questions:

1. Describe your ideal coaching environment.
2. Indicate what benefits you feel you will gain from participation as a coach within the Medicine Hat Minor Hockey Association.
3. What are you going to contribute to Medicine Hat Minor Hockey as a coach, and how are you going to achieve that?
4. Describe your short term (2-3 years) and long term coaching goals.

Please feel free to attach additional coaching resume/information or provide additional details you feel are relevant or appropriate.

SUBMIT APPLICATION TO MEDICINE HAT MINOR HOCKEY :

Email: gm@mhmha.ca

Mail or Drop off to: Medicine Hat Minor Hockey
#4, 46 Carry Drive SE
Medicine Hat , Alberta
T1B 4E1