

**S.L.M.H.A.
Head Coaching Application
2020-21**

Name: _____ Email: _____

Address: _____

Phone: _____ Cell: _____

**COACHING NCCP CERTIFICATION
OMHA or NCCP CERTIFICATION**

Coach Certification Level: _____ Do you need to renew?

SPEAK OUT – ABUSE & HARASSMENT CLINIC

CRIMINAL RECORD CHECK

Check if completed () Year attained: _____ Check if completed () Year attained:

I understand I must have a current Criminal Records Check, Child Abuse Registry check and have completed Speak Out by August 31, 2020 or I will have to end my volunteer duties until I have completed these three items. Initials: _____

For what team are you applying to coach?

If that team is not available, would you be willing to accept an alternate position?

YES

NO

Please list the past teams (most recent 3) that you have coached/worked with.

Year	Team	Position Held

Please provide two references (Name, address & phone number)

1. _____

2. _____

Do you have a son/daughter that would be playing on the team you are applying for?

YES

NO

Do you strongly feel that he/she is capable of making this team? Why?

Please be prepared to answer questions on the following topics:

1. Reason for coaching.
2. Past experiences as both a player and coach.
3. Your coaching style (Dressing room environment and on ice practice routines.)
4. Skills and strategies that you feel are important for the age group, for which you have applied.
5. Picking the team.
6. Communication.
7. Discipline.
8. Coaching staff responsibilities.
9. Your strengths and areas of improvement.
10. Favourite drills that you would like to share with others.
11. How can we make the association better?

****Please forward the completed Application Form to Grant Jowitt and/or Pat Flynn(Supervisors of Coaches and Managers) or mail to:**

**S.L.M.H.A
P.O. Box 427
Fenelon Falls, ON.**

K0M-1N0

Thank-you in advance for applying!

Without dedicated volunteers, Minor Hockey would not be possible.