### S.L.M.H.A. Head Coaching Application 2021-2022

Name:	E	mail:
Address:		
Phone:	0	Cell:
OMHA or NCCP C		CCP CERTIFICATION
	n Level:	Do you need to renew?
SPEAK OUT – ABL	JSE & HARASSMENT CLINIC	CRIMINAL RECORD CHECK
Check if complete	d ( ) Year attained:	_ Check if completed ( ) Year attained:
completed Speak volunteer duties ι	Out/Respect in Sport Activity Le Intil I have completed these thre	rds Check, Child Abuse Registry check and have eader by August 31, 2021 or I will have to end my ee items. Initials:
	e you applying to coach?	
If that team is no	t available, would you be willing	g to accept an alternate position?
	YES	ΝΟ
Please list the pas	st teams (most recent 3) that yo	ou have coached/worked with.
Year	Team	Position Held
Please provide tw	vo references (Name, address &	phone number)
4		
		ng on the team you are applying for?
Do you strongly f	eel that he/she is capable of ma	

#### 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 <u>supervisor@sturgeonthunderhockey.com</u> 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.