

S.L.M.H.A.
LOCAL LEAGUE Head Coaching Application 2024-25

Name: _____ Email: _____

Address: _____

Phone: _____ Cell: _____

COACHING NCCP CERTIFICATION

-CHECK ALL BOXES THAT APPLY TO YOU

- DEVELOPMENT 1 CERTIFIED/TRAINED
- COACH 2 - COACH LEVEL TRAINED/CERTIFIED
- INTRO COACH-COACH LEVEL *(Required for U9 & below)*
- RESPECT IN SPORT- ACTIVITY LEADER OR SPEAK OUT – ABUSE & HARASSMENT CLINIC
- GENDER IDENTITY AND EXPRESSION COURSE
- VULNERABLE SECTOR /CRIMINAL RECORD CHECK Year attained: _____

I understand I must have a current Vulnerable sector/Criminal Records Check, have completed Respect in Sport (Activity Leader), Gender Identity and Expression Course and appropriate coaching certification by August 31, 2024 or I will have to end my volunteer duties until I have completed these 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?

Please list the past teams (most recent 2) that you have coached/worked with.

Year	Team	Position Held

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

Please be prepared to answer questions on the following topics:

1. Reasons for coaching.
2. Past experiences as both a player and coach.
3. Your coaching style (ie: Practice routines; dressing room; special teams).
4. Skills and strategies that you feel are important for this age group..
5. Communication (ie: enforcing rules, providing feedback, motivating players, team disputes, parent issues, playing time, after a bad game, etc).
6. Discipline (ie: bad penalty, not listening, lack of effort/bad attitude, etc).
7. Your strengths and areas of improvement.
8. New ideas to improve SLMHA.

**Please forward the completed application form to the Supervisor of Coaches, Trainers & Managers supervisor@sturgeonhockey.ca

Thank-you in advance for applying!

Without dedicated volunteers, Minor Hockey would not be possible.