S.L.M.H.A.

**Three County Coaching Application**

**2025-2026**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

######

# COACHING NCCP CERTIFICATION

**OMHA or NCCP CERTIFICATION**

Coach Certification Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you need to renew? \_\_\_\_\_\_\_\_\_\_

**RESPECT IN SPORT ACTIVITY LEADER Vulnerable Sector Check**

Check if completed ( ) Year attained: \_\_\_\_\_\_\_\_\_ Check if completed ( ) Year attained: \_\_\_\_\_\_\_

I understand I must have a current Vulnerable Sector Check, or signed declaration form and completed Speak Out/Respect in Sport Activity Leader by August 31, 2025 or I will have to end my volunteer duties until I have completed these three items. It is the coach’s responsibility to ensure their Vulnerable Sector check/Declaration form is current. 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. What can you offer the players that others coaches cannot?
5. Skills and strategies that you feel are important for the age group, for which you have applied.
6. Picking the team.
7. Communication.
8. Discipline.
9. Coaching staff responsibilities.
10. Your strengths and areas of improvement.
11. Favourite drills that you would like to share with others.
12. How can we make the association better?

\*\*Please forward the completed Application Form to supervisor@sturgeonthunderhockey.ca 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.**