



# COACHING APPLICATION

## WHO YOU ARE – please print

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MM | DD | YEAR

MAILING ADDRESS:  HOME  WORK

STREET # AND NAME CITY PROVINCE POSTAL CODE

TELEPHONE: ( ) ( ) ( )  
HOME WORK CELL

EMAIL ADDRESS: \_\_\_\_\_

LANGUAGE SPOKEN:  ENGLISH  FRENCH  BOTH

Please include a detailed resume of your coaching experience, including any other leadership roles outside of hockey.

## COACHING INFORMATION – please print

I would prefer my application to be considered as: (Please select only one)

POSITION:  Head Coach  Assistant Coach  Trainer  Other:

### MOST RECENT TEAM COACHED:

Team: \_\_\_\_\_ Position: \_\_\_\_\_

#### A. TEAM APPLYING FOR (FIRST CHOICE)

Team: \_\_\_\_\_ Position: \_\_\_\_\_

#### B. TEAM APPLYING FOR (SECOND CHOICE IF APPLICABLE)

Team: \_\_\_\_\_ Position: \_\_\_\_\_



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## CERTIFICATION/TRAINING

	Level/Year Completed	Certification No.
Into to Coach		
Development 1		
Development 2		
Speak Out		
Checking		
Safety		

## ABOUT YOU

Coaching Experience:

Year	Level (HL/A/AA/AAA)	Association	Role/Responsibility

1. Do you have a child registered with North Bay Minor Hockey Association?

\_ YES  \_ NO

2. If a Coaching Position were not available in the age group of your choice, would you be willing to coach in another division or help out with skill clinics?

\_ YES  \_ NO

(If Yes, which division?) \_\_\_\_\_

3. In what portion of the team do you feel your child will rate?

Upper \_\_\_\_\_ Middle \_\_\_\_\_ Lower \_\_\_\_\_

4. Will you coach the team if an independent committee does not assess your child to make the team?



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\_ YES  \_ NO

5. Are you certified for the level for which you are applying?

\_ YES  \_ NO

6. If you are not certified at the required level, are you available to take a weekend course to attain the required level?

\_ YES  \_ NO

## COACH REFERENCES

1. All Returning coaches shall provide a minimum of three references from a roster player's parent/guardian, from the present hockey season that the NBMH Coaching Selection Committee can contact. One of the references shall be an Assistant Coach.
2. All New coach applications shall provide a minimum of three references that the NBMH coaching selection committee can contact for a new coach performance/review reference.

Name	Email	Phone Number	Relationship

3. All Coaches shall provide a list of the potential bench staff they propose to use if selected as the successful candidate:

Name	Position
	Manager
	Forward Assistant Coach
	Defense Assistant Coach
	Assistant Coach
	Trainer



## COACHING APPLICATION

Briefly describe your coaching philosophy:



## COACHING APPLICATION

Briefly describe your season plan: Please indicate your goals for the team, your thoughts on rules and discipline and overall player development philosophy as well as any other pertinent information.

Sample Development Plan (on a separate attachment to this application): Please prepare a sample development plan age appropriate for the team you are applying for. If you are applying for teams in different age groups, prepare a sample plan for each of the age groups.



## COACHING APPLICATION

### NEXT STEPS

Please attach and send all applications to [nbminorhockey@outlook.com](mailto:nbminorhockey@outlook.com), attention NBMH Coaching Selection Committee. Only successful candidates will be contacted for an interview.

**NOTE:** If you are accepted to coach, you and all members of your staff must agree to provide a vulnerable sector check by the date(s) established. For a copy of our volunteer and member with criminal records policy visit [www.nbmha.ca](http://www.nbmha.ca)

### POLICY ACKNOWLEDGEMENT

The Coach Selection Committee requires that the Head Coach acknowledge responsibility and understanding of the following requirements:

- Fair Play Code of Conduct requirement
- Police Check requirement
- On-ice helmet requirement for all staff and participants
- Licensed Apparel Program
- Rules of Operation

I hereby acknowledge that I understand the above requirements and all applicable North Bay Minor Hockey Association By-laws, Resolutions, Policies and Rules of Operation requirements and that I am responsible for ensuring compliance with the above. I also understand that only applications considered by the committee to be suitable will be granted an interview. I agree that the decision of the committee is final and I hold the committee, North Bay Minor Hockey Association and/or any other governing body harmless for the decision. By signing this form you agree that North Bay Minor Hockey Association may contact you via email.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_