

WHO YOU ARE - please print

NAME:	DATE OF BIRTH:		
MAILING ADDRESS: HOME WORK		MM DD YEAR	
STREET # AND NAME CIT	Y PROVINCE	POSTAL CODE	
TELEPHONE: _()	() WORK	CELL	
EMAIL ADDRESS:			
LANGUAGE SPOKEN: ENGLISH	FRENCH	Т вотн	
Please include a detailed resume of your coachinoutside of hockey.	ng experience, including ar	ny other leadership roles	
COACHING INFORMATION – please p			
POSITION: Head Coach Assistant C		Other:	
MOST RECENT TEAM COACHED:			
Team:	Position:		
A. TEAM APPLYING FOR (FIRST CHOICE)			
Team:	Position:		
B. TEAM APPLYING FOR (SECOND CHOICE IF A	APPLICABLE)		
Team:	Position:		



NATIONAL COACHING CERTIFICATION PROGRAM (NCCP)

COMPLETED LEVELS (Please provide certification numbers in the spaces provided)

Coach #		Initiation #		Speak Out #	
Trainer #		Body Checking #		Intermediate #	
OTHER COAG	CHING COURSES OR	TRAINING:			
POLICE O	CHECK				
	LICE RECORD CHECOUR APPLICATION.	K MUST BE ATTACH	IED, IF NOT PREV	IOUSLY SUBMITTEE), IN ORDER TO
POLICE RECO	ORD CHECK (DATE IS	SUED):			

It is a requirement for all Coaches, Assistant Coaches, Trainers and Managers to provide a Police Record Check which includes Vulnerable Sector Screening.

In order to obtain a police record check, you must attend the North Bay Police Service (resident of North Bay), Ontario Provincial Police or First Nations in person. In order to process the check, you will be required to produce two pieces of valid government issued identification. The identification must confirm your name, date of birth and address, one piece of identification must have a photo. They accept driver's license, birth certificate, citizenship card, passport, age of majority, Military Identification, Indian Status card, student identity card from a Canadian institute, etc.



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?
(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?
5. Are you certified for the level for which you are applying?
6. If you are not certified at the required level, are you available to take a weekend course to attain the required level?

NEXT STEPS

Please attach and send all applications to nbmhacoachapp@gmail.com

- ② Coaching Resume which should include:
 - A short synopsis about yourself, your coaching experience and player/team development plan
 - o Additional Information You Wish To Provide
- ② References may be requested by the committee.
- ② A list of candidates for your Coaching Staff

If you are granted an interview be prepared to discuss the following:

- ② Your strengths as a head coach
- ② Development Plan for the year and how you plan to implement this
- ② Short and Long term goals for the team applied



NOTE: If you are accepted to coach, you and all members of your staff must agree to provide a criminal record search by the date(s) established. For a copy of our volunteer and member with criminal records policy visit 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:
