

WHO YOU ARE - please print

NAME:	DATE OF BIRTH:	
MAILING ADDRESS: HOME WORK		MM DD YEAR
STREET # AND NAME CITY	PROVINCE	POSTAL CODE
TELEPHONE: _()	(WORK) CELL
EMAIL ADDRESS:		
LANGUAGE SPOKEN: ENGLISH	FRENCH	ВОТН
Please include a detailed resume of your coaching outside of hockey.	g experience, including	any other leadership roles
COACHING INFORMATION – please produced in the considered as: (P		
POSITION: Head Coach Assistant Co	ach Trainer	Other:
MOST RECENT TEAM COACHED:		
Team:	Position:	
A. TEAM APPLYING FOR (FIRST CHOICE)		
Team:	Position:	
B. TEAM APPLYING FOR (SECOND CHOICE IF A	PPLICABLE)	
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 COACHING COURSES OF	R TRAINING:		
POLICE CHECK			
COPY OF POLICE RECORD CHEC PROCESS YOUR APPLICATION.	CK MUST BE ATTACHED, IF NOT PREV	IOUSLY SUBMITTED	O, IN ORDER TO
POLICE RECORD CHECK (DATE IS	SSUED):		
It is a requirement for all Coach	es, Assistant Coaches, Trainers and M	lanagers to provide	a Police Record

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.

Check which includes Vulnerable Sector Screening.



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

NEXT STEPS

Please attach and send all applications to nbminorhockey@outlook.com

- ② Coaching Resume which should include:
 - A short synopsis about yourself, your coaching experience and player/team development plan
 - 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:
