



COACHING APPLICATION

WHO YOU ARE - please print

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

TELEPHONE: Home (____) _____

Cell (____) _____

Work (____) _____

EMAIL ADDRESS: _____

LANGUAGE SPOKEN: ENGLISH FRENCH BOTH

COACHING INFORMATION - please print

I would prefer my application to be considered as: (Please select all that apply)

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: _____



COACHING APPLICATION

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 OR TRAINING:

POLICE CHECK

COPY OF POLICE RECORD CHECK MUST BE OBTAINED THROUGH THE ONTARIO HOCKEY FEDERATION'S CENTRALIZED RECORD CHECK PROCESS.

THE FOLLOWING WEBSITE ALLOWS YOU TO START THIS PROCESS:

<https://www.ohf.on.ca/risk-management/vulnerable-sector-checks/>



COACHING APPLICATION

ABOUT YOU

1. Do you have a child registered with Blind River 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. Are you certified for the level for which you are applying?

YES NO

4. If you are not certified at the required level, are you committed to obtaining the necessary qualifications by the start of the season ?

YES NO

NEXT STEPS

Please attach and send all applications to admin@blindriverminorhockey.ca

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

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

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



COACHING APPLICATION

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.

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
- Rules of Operation

I hereby acknowledge that I understand the above requirements and all applicable Blind River 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, Blind River Minor Hockey Association and/or any other governing body harmless for the decision. By signing this form you agree that Blind River Minor Hockey Association may contact you via email.

Date: _____ Signed: _____

