



SUDBURY MINOR HOCKEY ASSOCIATION



A valid Police Check including vulnerable sector (issued within the past 6 months) is required within 14-days of being awarded the position being applied for, should the Police Check not be received within that time frame SMHA reserves the right to revisit and/or award the position to another suitable applicant.

Coach or Assistant Coach Selection Application **All Coaches must complete a separate application form**

Team Name and Division: _____

Name: _____

D/O/B ____/____/____ Address: _____

City: _____ Province: _____

Postal Code: _____ (e-mail) _____

Phone: (Res.) _____ (Bus) _____ (Fax) _____

TEAM SELECTION

First Choice: _____ Second Choice: _____

(Category i.e., Novice, Atom, Pee Wee, Bantam, Midget, Jr. A)

(Division i.e., Initiation, House League, Minor/Major AA, Minor/Major AAA)

If these choices are not available, would you accept a different position?

Yes No

NATIONAL COACHING CERTIFICATION (Please fill out all applicable areas)

NCCP Certification

Initiation 🍏 Year Attained: ____

Body Checking 🍏 Year Attained: ____

Coach HP 1 certified HP 2 certified

Intermediate 🍏 Year Attained: ____

Advanced 🍏 Year Attained: ____

Theory III 🍏 Year Attained: ____

Advanced II 🍏 Year Attained: ____

Speak Out

Police Check 🍏 Year Attained ____

Abuse/Respect in Sport 🍏 Year Attained ____

Coach HP trained Year Attained: ____

Trainer Certification

Level ____ 🍏 Year Attained ____

PLEASE PROVIDE CERTIFICATION NUMBERS WITH COMPLETED REQUIREMENTS (EG COACHING CERT. NUMBER)

EXPERIENCE (PAST THREE (3) YEARS ONLY)

TEAM/ASSOCIATION	CATEGORY	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your coaching philosophy (attach sheet if necessary)

COACHING RESUME

Please attach your personal resume, reflecting your coaching experiences and any other information which is not detailed in this application (i.e. employment, playing experience, other interests, etc.). Plus include detailed information on **all** members of your intended coaching staff. Any additional information provided pertaining to the following would also be appreciated.

What is the anticipated role of your co-coaches, assistants, managers and trainers?

What would be some of your anticipated tournaments, etc.?

What are your team initiatives, objectives and goals?

What are some of your personal future goals in the sport community?

Why are you volunteering for this position?

REFERENCES

(List three references)

Name _____

Address _____

City/Town _____ Postal Code _____

Phone (Res) _____ (Bus) _____ (Fax) _____

Name _____

Address _____

City/Town _____ Postal Code _____

Phone (Res) _____ (Bus) _____ (Fax) _____

Name _____

Address _____

City/Town _____ Postal Code _____

Phone (Res) _____ (Bus) _____ (Fax) _____

Please indicate any additional staff members you are proposing and their position. This application must be signed and completed in all areas. Failure to do so could result in the application not being considered.

- **SMHA sponsors functions, meetings, training sessions, etc... that require the presence of team staff, such as “annual meeting, coaches and managers meeting, coaches clinics, local tournaments (Sudbury 80’s, Big Nickel, Silver Stick), etc...” All successful applicants are required to attend and participate in these.**
- **All applicants will be reviewed and references will be contacted. All applicants will also be subject to character checks, as recommended by the H.C.**
- **All applicants will be interviewed prior to selection.**
- **All teams are responsible for having a certified trainer with current N.O.H.A. certification and proper accreditation of all staff.**
- **Managers and Coaches are responsible for team personnel, players and parents’ behavior**
- **Managers and Coaches are responsible to ensure that the SMHA constitution is understood and abided by themselves, their personnel and team.**
- **Please complete the release of information sheet (Consent for criminal record search) Police Check. Form can be picked up and filled out at police station. Submit completed check to our office, with receipt.**

Signature

Date