



COACHING APPLICATION

Please PRINT all information
and email completed application to [Rick Harkins](#)

NAME: _____

ADDRESS: _____ POSTAL CODE _____

BIRTHDATE: _____ AGE: _____

TELEPHONE: Home _____ Work: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

PERSONAL REFERENCES:

1. Name: _____

Address: _____

Phone: Home _____ Work: _____

2. Name: _____

Address: _____

Phone: Home _____ Work: _____

HOCKEY REFERENCES:

1. Name: _____

Address: _____

Phone: Home: _____ Work: _____

2. Name: _____

Address: _____

Phone: Home: _____ Work: _____

DO YOU HAVE A CHILD REGISTERED IN ALDERGROVE MINOR HOCKEY:

YES: _____ NO: _____

WHICH AGE GROUP WOULD YOU PREFER TO WORK WITH (Please check)

INITIATION 'H1' 5 YR OLDS	_____	PEE WEE 11 – 12 YR OLDS	_____
INITIATION 'H2' 6 YR OLDS	_____	BANTAM 13 – 14 YR OLDS	_____
INITIATION 'H3' 7 YR OLDS	_____	MIDGET 15 – 16 – 17 YR OLDS	_____
INITIATION 'H4' 8 YR OLDS	_____	JUVENILE 18 – 19 – 20 YR OLDS	_____
ATOM 9 – 10 YR OLDS	_____		

WHICH CALIBER OF HOCKEY DO YOU WANT TO COACH?

REP A _____ REP B1 _____ REP B2 _____ HOUSE C _____

IF A COACHING POSITION IS NOT AVAILABLE IN THE AGE GROUP OF YOUR CHOICE, WOULD YOU BE WILLING TO COACH IN ANOTHER DIVISION?

YES _____ NO _____

PLEASE ANSWER THE FOLLOWING 3 QUESTIONS:

1. Do you feel your child will make the team for which you are applying?

Yes _____ No _____ N/A _____

2. In what portion of the team do you feel your child will be?

Top _____ Middle _____ Bottom _____ N/A _____

3. Will you coach the team if an independent committee of coaches does not assess your son/daughter to make this team? Yes _____ No _____ N/A _____

QUALIFICATIONS:

HOCKEY CANADA COACHES CERTIFICATION PROGRAM (NCCP)

HIGHEST LEVEL OBTAINED: _____

LOCATION: _____

COACHING ASSOCIATION OF CANADA (CAC) PASSPORT # _____

LEVEL ATTAINED	YEAR	LOCATION
INITIATION	_____	_____
COACH LEVEL	_____	_____
INTERMEDIATE	_____	_____
ADVANCED 1	_____	_____
ADVANCED 2	_____	_____

ARE YOU CERTIFIED FOR THE LEVEL FOR WHICH YOU ARE APPLYING?

YES _____ NO _____

TYKE: INITIATION **NOVICE:** COACH LEVEL & INITIATION

REP C: COACH LEVEL **REP A & B:** INTERMEDIATE

NOTE: All persons on the bench are required to have their Intermediate level.

IF YOU ARE NOT CERTIFIED AT REQUIRED LEVEL, ARE YOU AVAILABLE TO TAKE A WEEKEND COURSE TO ATTAIN THE REQUIRED LEVEL? YES _____ NO _____

DO YOU HAVE A VALID FIRST AID CERTIFICATE? YES _____ NO _____

IF YES, WHAT LEVEL: _____

WHERE OBTAINED: _____ DATE: _____

ANY OTHER COURSES, SEMINARS OR QUALIFICATIONS OBTAINED:

COACHING PHILOSOPHY:

IN NO MORE THAN 2 PAGES (CLEARLY READABLE) WRITE YOUR COACHING PHILOSOPHY. INCLUDE PLAYER SELECTION, HOW YOU WOULD HANDLE PROBLEMS, HOW YOU MOTIVATE YOUR PLAYERS, YOUR UNDERSTANDING OF A COACH'S RESPONSIBILITY TOWARDS ALDERGROVE MINOR HOCKEY, AND PLAYERS, PARENTS, REFEREES, ETC.

GAME AND PRACTICE PREPARATION:

IN NO MORE THAN 2 PAGES (CLEARLY READABLE) LAY OUT A SAMPLE PRACTICE. DESCRIBE IN FULL HOW YOU WOULD PREPARE FOR A PRACTICE AND PREPARE YOUR PLAYERS FOR A GAME.

PERSONNEL / PLAYER / PARENT MANAGEMENT BRIEFLY DESCRIBE YOUR ATTITUDE AND MANAGEMENT PHILOSOPHY TOWARDS PARENTS, PLAYERS AND OTHER COACHES ON YOUR TEAM. HOW WOULD YOU HANDLE THEIR CONCERNS.

PLEASE READ IN FULL

I AM AWARE THAT THE FIRST AIM OF MINOR SPORTS IS THE PERSONAL AND CHARACTER DEVELOPMENT OF EACH PARTICIPANT. WINNING IS A SECONDARY ACHIEVEMENT AND THAT EACH PARTICIPANT IN MY CHARGE WILL BE GIVEN EQUAL OPPORTUNITY AND CONSIDERATION IN ALL SITUATIONS AND CONTEXTS. THAT THE ACTIONS OF ALL COACHES DURING ANY GAME SHALL BE THAT OF GENTLEMANLY CONDUCT AND SHALL EXEMPLIFY GOOD EXAMPLE. I AM AWARE OF AND AGREE THAT ANY BEHAVIOUR ON MY PART THAT WOULD BE CONTRARY TO THE ABOVE AIMS COULD CAUSE THE FORFEIT OF MY COACHING PRIVILEGES. I FURTHER AGREE TO ATTEND ALL COACHING CLINICS, SEMINARS AND MEETINGS SPONSORED, ORGANIZED OR CONDUCTED BY ALDERGROVE MINOR HOCKEY ASSOCIATION.

SIGNATURE _____ **DATE** _____

UNDERTAKING, SIGNATURE AND WAIVER

I CERTIFY THAT THE ENCLOSED INFORMATION IS CORRECT, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CONSENT TO THE DISCLOSURE OF SUCH INFORMATION AS IS REQUIRED BY ALDERGROVE MINOR HOCKEY ASSOCIATION INCLUDING ANY AND ALL INFORMATION THAT MAY BE OBTAINED THROUGH A SEARCH OF POLICE AND COURT RECORDS. I HEREBY AUTHORIZE ALDERGROVE MINOR HOCKEY TO CONDUCT A REVIEW OF MY BACKGROUND INCLUDING CONTACT WITH MY REFERENCES AND ANY PAST HOCKEY ASSOCIATIONS WITH WHICH I HAVE BEEN ASSOCIATED, AS WELL AS RELEVANT POLICE AND JUDICIAL AUTHORITIES.

SIGNATURE _____ **DATE** _____

I HEREBY ACKNOWLEDGE THE AUTHORITY OF C.A.H.A., B.C.A.H.A., P.C.A.H.A. AND ALDERGROVE MINOR HOCKEY AND AGREE TO CARRY OUT AND ABIDE BY THEIR CONSTITUTIONS, BY-LAWS, RULES AND REGULATIONS. I UNDERTAKE TO CONDUCT MYSELF IN A MANNER WHICH BEFITS THE POSITION OF TRUST AND LEADERSHIP FOR WHICH I MAY BE APPOINTED. I ACKNOWLEDGE THAT I MAY FACE DISCIPLINARY ACTION UNDER THE RULES OF AMATEUR HOCKEY IF I FAIL TO MAINTAIN THE LEVEL OF CONDUCT AND SPORTSMANSHIP REQUIRED BY THESE ORGANIZATIONS. I FURTHER AGREE TO RETURN ALL EQUIPMENT AT THE END OF THE CURRENT PLAYING SEASON PROVIDED TO ME IN TRUST BY ALDERGROVE MINOR HOCKEY IN GOOD CONDITION, SAVE FOR WEAR AND TEAR.

SIGNATURE _____ **DATE** _____

COACHING EXPERIENCE
(LIST IN ORDER - EARLIEST TO LATEST)

HOCKEY:

YEAR	ASSOCIATION & TEAM NAME	AGE GROUP	POSITION
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OTHER SPORTS:

TYPE	YEAR	ASSOCIATION	AGE GROUP
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PLAYING EXPERIENCE: HOCKEY

YEAR	ASSOCIATION & TEAM NAME	POSITION	AGE
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