



2017-2018

		PERSONAL INFORMATION
Name:		D.O.B:
Address:		
City:	Province:	Postal Code:
Cell Phone:	Email:	

		COACHING C	CERTIFICATION
Current NCCP Coach Level: Development 1	Coach 2- Coach	Level Coach	1-Introduction
Trained	Certified		
Have you completed the Speak Out! (PRS) or Respect in Sport		Yes No	No
– Activity Leader (RIS) program?			
Do you have a Trainers Certification?		Yes	No
Have you completed a Police Check in the last 3 years?		Yes	No

		COACHING EXPERIENCE	
Please provide details of previous coaching positions.			
Year:	Team:		
Position:			
Remarks:			
	1		
Year:	Team:		
Position:			
Remarks:			

TEAM APPLICATION					
I wish to apply to	I wish to apply to Coach the following team (note order of preference):				
Division	House League	Local League	Division	House League	Local League
Tyke			Peewee		
Novice			Bantam		
Atom			Midget		
Are you interested in applying for Head Coach		Assistant Coach			
Do you have a child playing for the team you are applying for:			Yes	No	
Would you be willing to coach a team for which you did not apply?			Yes	No	
If so, please indicate which team(s):					





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Do you have a proposed Coaching Staff:			
Name of Staff	Position	Qualifications	

		REFERENCES
Name	Home Phone	Email Address

Note: If you have never coached with KMHA please provide reference information

(USE ADDITIONAL PAGES IF NECESSARY) COACHING PHILOSOPHY

- 1. Describe your coaching philosophy for the team you applied for.
- 2. What are your team's goals and objectives for the season?
- 3. What Development clinics would you like to see or participate in throughout the season?
- 4. What is your opinion on the subject of equal ice time?





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How would you discipline players in the following scenario?

1. Disrespect toward the coaching staff or fellow team members.

How would you manage parental issues and concerns (i.e. ice time, discipline)?

How do you intend to communicate team rules with parents?

In writing Parent Meeting(s)

Through Team Manager

Verbal instructions to the Players

	G	ENERAL IN	FORMATION
Are you familiar with the KMHA Constitution, Bylaws and Policies?		Yes	No
Are you familiar with KMHA Abuse and Harassment Policy?		Yes	No

TERMS AND CONDITIONS

I/we agree to abide by all KMHA Manual of Operations, Constitution and Rules and Regulations as well as those of OMHA. I/we understand and agree that the Head Coach bears the ultimate responsibility for all team staff conduct or lack of performance of their duties. It is also understood that all signing parties are subject to discipline or suspension at the discretion of the KMHA's Executive

I/we agree to have a police criminal check completed within 7 days of notification being appointed as team staff.

I/we agree to all terms and conditions.

Name	Position	Signature





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Thank you for your interest in Coaching and supporting Kent Minor Hockey Association

I authorize the KMHA to collect personal information appropriate to the position applied and verify the references for KMHA internal use only.

I agree to the terms and conditions stated above

Signature:

Date:

Please submit Coaching Application to:

House League Coaches: Mike Hendrickson, VP of House League vphouseleague@kentminorhockey.com

or

Local League Coaches: Denis Moison, VP of Local League vplocalleague@kentminorhockey.com

Kent Minor Hockey Association PO Box 585 Chatham, Ontario N7M 5K6

All applications will be reviewed and on the recommendation of the Kent Minor Hockey Executive. Selected candidates will be notified of respective teams as the season approaches.

The success of the KMHA is attributed to its many dedicated volunteers. The Association appreciates your consideration in applying to be a Coach with Kent Minor Hockey.

Coaches may be asked to submit a copy of a 60 minute practice plan for review.