



**AIRDRIE MINOR HOCKEY
COACHING APPLICATION
2017-2018 Season**

Name:			
Division:			
Address:			
Home Phone: (403)		Business Phone: (403)	
Email Address:		Cell Phone: (403)	
COACHING/TRAINERS CERTIFICATION			<i>(Please fill out all certificates you currently hold)</i>
<i>Certification</i>	<i>Yes or No</i>	<i>Year Attained</i>	<i>Date of Expiry</i>
Intro To Coach			
Coach Level			
Development I			
Development II			
High Perf. I			
Checking Skills			
Safety Clinic / HCSP			
Respect in Sport (Coach)			
Criminal Record Check			
PLEASE NOTE: All Coaches must have or be prepared to take the appropriate clinics by November 15, 2017.			

EXPERIENCE: *Please list your past coaching experience*

Season 20__ / __	Association: Division:	Duties:
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Explain in general terms your philosophy of Coaching:

What is your attitude towards winning and losing?

What is your philosophy on ice time (for example – shortening your bench or bench in as a form of discipline?)

Why do you want to coach the particular team you have applied for?

What are your strengths and weaknesses?

What other Coaching or Hockey experience do you have to help you with your potential coaching position?

Briefly summarize your proposed seasonal plan

Do you have a child at the level you are applying for?

If you know who you would include as part of your coaching staff, please list them below

Assistant Coach:

Assistant Coach:

Manager:

Why have you chosen the individuals above to be part of your coaching staff?

Assistant Coach #1:

Assistant Coach #2:

Manager:

Previous service in AMHA		
Position ie: Coach, A/C, Board	Years	

REFERENCES: Please list three references		
Name	Cell #	Email

I, _____, authorize Airdrie Minor Hockey Association to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Signature _____
Date (d/m/y)

**Please submit your coaching application to AMHA
no later than August 21st, 2017.
email airdriehockey@telus.net
Airdrie Minor Hockey Association**

**Receipts of your application will be acknowledged by email.
Interviews for Coach Applicants will be determined on an individual basis.
Those under consideration for a Coaching position will be contacted.**

**Please be aware that all Head Coaches, are required to supply a current
Police Record Check.**

