

# BROOKS MINOR HOCKEY ASSOCIATION 2017 – 2018

APPLICATION TO COACH					
NAME:		(please print)	DATE:		
CONTACT INFORMATIO	N				
HOME PHONE:	/ CELL:		/ WORK: _		
ADDRESS:			/ CITY: _		
POSTAL CODE:	/ EMAIL:				
CURRENT EMPLOYER:					
POSITION APPLYING FC	riminal Record Check <b>MU</b> DR: (Please Check One)	<b>51</b> de included v	vitn your _	Application	to Coach.
HEAD COACH ASSISTANT COACH					
	<u>R</u> : (Please Check One & Specify if <u>P</u>				
INITIATION 4 INITIATION 5 - 6	ATOM	PEE WEE BANTAM		MIDGET	
DEADLINE for COACHING APPLICATIONS is August 1, 2017 Please submit APPLICATIONS to: <u>vicepresident@brooksminorhockey.com</u>					
DIVISION	N PC	DSITION	YES:	APPROVED	)
COMMENTS:	I		120	/ NO	



### JOB DESCRIPTIONS FOR COACHES

## HEAD COACH

- Serve as the official spokesperson on behalf of the team. Liaise duties with team manager.
- Coordinate the delegation of responsibilities to the assistant coach(es) Liaise with manager.
- Plan on and off ice activities in consultation with the assistant coach(es.)
- Plan, implement and control pre-game preparation and communication with the team.
- Design appropriate practice plans in consultation with the assistant coach(es.) (Following player development guidelines, vision and "Mission Statement" set forth by BMHA.)
- Coach the team during all games and practices with support from all assistant coach(es.)
- Establish rules for the team and oversee the supervision of the players.
- Submit a year-end report which contains the following information: <u>Evaluation of players performance</u> / <u>Evaluation of teams performance</u>, (Did the players improve / Did the Team improve) / <u>Outline of practice plans and game strategy</u> / <u>Recommendations</u>, (if any) on how the program can be improved.
- Report to the association through the Association Mentor or Designate, (Director.)

### ASSISTANT COACH

- Consult with the Head Coach in planning of on and off ice activities.
- Assist with planning, organizing and running of practices.
- Assist with pre-game preparation.
- Assist with the operation of the team during games.
- Assist with scouting and evaluation of opponents.
- Assist with the supervision of players off and on the ice.
- Assist with the formulation of the game plan.
- Submit a year-end report to the Head Coach containing player observations.
- Report to the Head Coach.

# JOB QUALIFICATIONS FOR ALL COACHES

- > Has an active interest and commitment to Child / Athlete Development.
- > Good character, energetic and professional. Works well with minor hockey players and parents.
- > Ability to communicate in a positive manner.
- > Positive role model, strong work ethic and an attention to detail.
- > Experienced Hockey background; playing, coaching, evaluating.
- > Ability to work positively with other coaches and team personnel.
- > Available to meet all time requirements for games and practices.
- Strong Organizational Skills
- Has a developmental philosophy
- RIS, (Respect in Sport, Coach certified) and NCCP certified at the levels indicated by Hockey Canada, Branch and Association.
- Coaches are asked to view the link below to determine what requirements are needed for their specific divisions they will coaching,
  https://www.beskaval.be

https://www.hockeyalberta.ca/coaches/coaching-requirements/

# **RECENT COACHING EXPERIENCES:**

Please list the last five teams you've coached.

SEASON	TEAM / LEVEL	ORGANIZATION	ROLE



# **COACHES INFORMATION:**

Will you participate in Coach Development Sessions?       Yes:/ No:         Would you be willing to work with a Coach Mentor?       Yes:/ No:         * If NO, for the last two, please explain why;	List 3 Coaching Skill Areas you cons 1) 2) 3)						
How long have you been coaching minor Hockey:	1) 2)						
How long have you been coaching minor Hockey:	Additional Information:						
Yes:       / No:       / How Many:       / Which Level(s):         Will you participate in Coach Development Sessions?       Yes:       / No:         Would you be willing to work with a Coach Mentor?       Yes:       / No:         * If NO, for the last two, please explain why;	How long have you been coaching m	ninor Hockey:					
Will you participate in Coach Development Sessions?       Yes:/ No:         Would you be willing to work with a Coach Mentor?       Yes:/ No:         * If NO, for the last two, please explain why;       Yes:/ No:				-			-
Would you be willing to work with a Coach Mentor?       Yes:/ No:         * If NO, for the last two, please explain why;							
* If NO, for the last two, please explain why; 	Will you participate in Coach Develop	pment Sessions?	Ye	s:	/ No: _		
If yes, please tell us which sport(s).	* If <b>NO</b> , for the last two, please expla	in why;					
Do you have any conflicts that would restrict the amount of time you can allow for coaching hockey? Yes:/ No:/ If Yes, please explain: Do you have Standard First Aid; (CPR & AED) Yes:/No: Year taken: Have you attended a coaches clinic: Yes:/No: + If Yes, please tell us which one(s): Name: Date: Location: Name: Date: Location: Please provide 3 references:	If yes, please tell us which sport(s).						
If Yes, please explain: Do you have Standard First Aid; (CPR & AED) Yes:/No: Year taken: Have you attended a coaches clinic: Yes:/No: Have you attended a coaches clinic: Yes:/No: *If Yes, please tell us which one(s): Name: Date: Location: Please provide 3 references:	Would you be willing to practice in th	e morning once a	week? Ye	s:	/ No:		
Have you attended a coaches clinic:       Yes:/No:         *If Yes, please tell us which one(s):       Date:         Name:       Date:       Location:         Name:       Date:       Location:         Please provide 3 references:       Yes:       Yes:						baching hockey? Yes:	/ No:
*If Yes, please tell us which one(s):         Name:		R & AED)				Year taken:	_
Name: Date: Location: Please provide 3 references:			165	_/INU			
Please provide 3 references:	Name:	Date:				Location:	
Please provide 3 references:	Name:	Date:				Location:	
NAME     PHONE     EMAIL							
		PHONE				EMAIL	



### COACH QUALIFICATIONS:

### \*Mandatory, starting for the 2017 / 2018 Hockey Season

All Coaches & Team Officials <u>must complete</u> a new <u>"Respect In Sport: (RIS)</u> to be eligible to coach throughout Alberta. <u>SPEAK OUT</u> is now, no longer valid.

Please note, this must completed to be considered for a position with the BMHA and before the application will be accepted.

RESPECT IN SPORT Coaches #\_\_\_\_\_

Please indicate which of the current coaching qualifications you have:

REQUIREMENTS	STATUS	DATE ACHIEVED	
Coach 1			
Coach 2			
Checking Skills			
Safety (Hockey Canada Safety Program)			
Development 1			
HP 1			

Additional Information: \_\_\_\_\_

\* BMHA will reimburse coaches for all Hockey Alberta Clinics & Training. For other Coaching Clinics or Training Programs, coaches will need approval before costs will be covered.

Please list any other child development courses you have taken:

COURSE(S)	DATE ACHIEVED

Applications will not be accepted without a **Respect In Sport Certification**, **References** or a **Criminal Record Check** 

Applicants may be asked to attend an interview with the coach selection committee.

If selected, you must agree to sign a Coach's Contract before officially being Named as a Coach.

Declaration:

I agree to follow the Bylaws, Regulations and Policy as set out by the Brooks Minor Hockey Association (BMHA.) Hockey Alberta, and Hockey Canada.

I hereby authorize Brooks Minor Hockey Association to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements.

I agree the information on this application can be shared with the Brooks Minor Hockey Associations, coach selection committee.

Signature: \_\_\_

Date:

The Coaches Selection Committee will determine the final decision for approval of the coaching applicant.