

Meadow Lake Minor Hockey Association
Box 1333
Meadow Lake, SK
S9X 1Y8

APPLICATION FOR COACHING POSITION

Name _____ Date of Birth (DD/MM/YY) _____
Mailing Address _____ City _____
Phone (h) _____ (w) _____ (cell) _____
Email _____

1. Coaching Preference

	Age Group	Head Coach	Assistant Coach
First Choice		Y___N___	Y___N___
Second Choice		Y___N___	Y___N___
Third Choice		Y___N___	Y___N___

Will you have a son/daughter playing on the team? Yes _____ No _____

2. Qualifications

Coaches shall submit a separate coaching resume that includes the information indicated below or fill out the template on the following page:

- SHA/Hockey Canada certification courses
- Past coaching experience
- Coaching philosophy
- Relevant playing experience
- Coaching references

3. Criminal Record Check Y___N___

Criminal record check must be included with the coaching application form. See attached form.

* If there are delays with the criminal record check you can still apply but must notify the Division Commissioner.

I hereby apply for the position(s) indicated above. I understand that I am responsible for any additional certifications required by MLMHA and/or SHA, and will obtain any such certification prior to the deadline imposed by SHA. I agree to reimburse MLMHA for any fines assessed by SHA for failure to obtain such certification. I also agree to sign and abide by the Coaching Code of Conduct Agreement if selected as a coach in Meadow Lake Minor Hockey.

Signature _____

Date _____

SHA – Saskatchewan Hockey Association
MLMHA – Meadow Lake Minor Hockey

MLMHA use only
Age group/team:

Prospective coaches can either provide separate Coaching Resume or fill out the following template:

1. Current SHA Certification

Clinic	Certified (Y/N)	Course Date	Course Location
Speak Out			
Intro to Coach (IP)			
Coach			
Development I			
Development II			
Safety			
Body checking			
Goalie			

2. Previous coaching experience – List experiences as a coach/manager/trainer or other relevant experience (use separate page if necessary).

3. Coaching Philosophy – Provide a summary of your coaching philosophy, example season and practice outline/plan and communication plan for players and parents (use a separate page if necessary). Note: Please be thorough as this is an important component that will be utilized by the Coaching Selection Committee.

4. Relevant playing experience – List experience as a player that you feel provided insight and/or skills that would be beneficial for coaching minor hockey (use separate page if necessary).

5. Coaching references – Provide names and contact information for individuals you have coached with, or parents or players you have coached, or other individuals that can speak to your coaching skillset and/or leadership qualities.

1. Name _____ Phone _____ Email _____

2. Name _____ Phone _____ Email _____



CONSENT FOR THE RELEASE OF POLICE INFORMATION

Name of Applicant:

Last Name

Given Name

Middle Name

Previous Name and/or Any Other Names Used:

Address:

Appt. No.

Street/Avenue

City/Town

Province/Postal Code

Telephone Number

Date of Birth:

Place of Birth:

Year/Month/Day

Gender: Male Female Organization/Company/Firm:

Position Applied For:

Volunteer: Yes No

STATEMENT OF CONSENT: I consent to a search of all records available at the time the search is conducted, including charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository and local records available to the police service. I understand that if a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.

Dated this day of 20 Signature:

WAIVER FOR CONSENT OF RELEASE OF INFORMATION TO THIRD PARTY: I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.

Dated this day of 20 Signature:

CONSENT FOR PERSONS APPLYING FOR POSITIONS WITHIN THE VULNERABLE SECTOR: If you are an applicant for a paid or volunteer position

- (i) with a person or organization responsible for the well-being of one or more children or vulnerable persons, and
(ii) if the position is a position of authority or trust relative to those children or vulnerable persons.

please complete the following consent.

Description of the paid or volunteer position:

Provide details regarding the children or vulnerable persons (e.g. age, number of persons, nature of vulnerability, etc.)

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been found guilty or convicted of, and/or have been granted a pardon for any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Dated this day of 20 Signature:

Identification Produced: (1) (2)

Witness: Phone No.: