 **Salmon Arm Minor Hockey Association**

**Recreational Head Coach Application**

**2018-2019 Season**

**PERSONAL INFORMATION:**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COACHING ASSIGNMENT REQUESTED:**

DIVISION:

INITIATION \_\_\_ NOVICE \_\_\_ ATOM \_\_\_

PEE WEE \_\_\_ BANTAM \_\_\_ MIDGET \_\_\_ FEMALE \_\_\_

**CERTIFICATION / TRAINING:**

\*NCCP – National Coaching Certification Program

COURSE YEAR COMPLETED

Coach 1\* \_\_\_\_\_\_\_\_\_\_\_\_

Coach 2\* \_\_\_\_\_\_\_\_\_\_\_\_

Development 1\* \_\_\_\_\_\_\_\_\_\_\_\_

Instructional Stream – Checking\* \_\_\_\_\_\_\_\_\_\_\_\_

High Performance 1\* \_\_\_\_\_\_\_\_\_\_\_\_

Respect In Sport – Coach \_\_\_\_\_\_\_\_\_\_\_\_

CATT \_\_\_\_\_\_\_\_\_\_\_\_

HCSP \_\_\_\_\_\_\_\_\_\_\_\_

Other Coaching Courses and Training:

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Criminal Record Check \_\_\_\_\_\_\_\_\_\_\_\_

*REC HEAD COACH APPLICATION CONT’D*

**HOCKEY COACHING EXPERIENCE:** (List in order, starting with most recent)

YEAR ASSOC. LEVEL POSITION

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**OTHER SPORT COACHING EXPERIENCE:** (List in order, starting with most recent)

YEAR ASSOC. LEVEL POSITION

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**PLAYING EXPERIENCE:** (List in order, starting with most recent)

YEAR ASSOC. / TEAM LEVEL APPROX. AGE

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**QUESTIONS: *Yes/No***

DO YOU HAVE A PLAYER(S) REGISTERED WITH SAMHA? \_\_\_\_\_\_

ARE YOU CERTIFIED FOR THE LEVEL FOR WHICH YOU ARE APPLYING? IF NO, WHAT IS YOUR PLAN TO ACQUIRE THE REQUIRED CERTIFICATION? \_\_\_\_\_\_

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IF YOU DO NOT GET THE ROLE OF HEAD COACH, WILL YOU CONSIDER A DIFFERENT ROLE? \_\_\_\_\_\_

BRIEFLY EXPLAIN WHY YOU WANT TO HEAD COACH?

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*REC HEAD COACH APPLICATION CONT’D*

STATE YOUR ***COACHING PHILOSOPHY***:

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**COACHING REFERENCE:**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RELATIONSHIP TO THE REFERENCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL REFERENCE:**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RELATIONSHIP TO THE REFERENCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*REC HEAD COACH APPLICATION CONT’D*

**WAIVERS:**

*I hereby consent to the disclosure of the above application and the need to review all my information. 2) I hereby acknowledge the authority of Hockey Canada, BC Hockey OMAHA and SAMHA and agree to carry out and abide by their constitutions, bylaws, rules and regulations. 3) I hereby acknowledge that I have read and understand the coaches role outlined in the Coaches Code of Conduct of SAMHA Constitution.*

*As an Applicant for Head Coach I will not use Smart phones, iPads and other Electronic devices with recording capabilities, including voice recording, still cameras and video cameras, that are PROHIBITED to be used in any SAMHA event (Practice or Game)while in the dressing rooms. If phones or other electronic devices must be used, I will personally instruct anyone needing to use a device to go outside of the dressing room. I also agree to make sure all children and parents know the rules regarding electronic devices within the dressing rooms. There are NO EXCEPTIONS. This includes any device that maybe used to play music but has the ability to record or take pictures. NO TEXTING or READING of TEXTS while in the DRESSING ROOM. I also understand that if I or Parents and Players are caught using one of the above devices we can be removed from the dressing room until a review is completed by the Salmon Arm Minor Hockey Association Board.*

*SAMHA has made ePACT MANDATORY for all players and they cannot enter the ice surface until this has been completed. ePACT invites are sent out to all registered players starting August 1, 2018. It is the job duties of the Head Coach and HCSP volunteer to make sure that everyone has completed their information and if not I will not allow them onto the ice surface until completed. A paper copy of the medical form can be used temporarily until the parent can complete their epact account.*

***"YES" I understand the above agreements and accept this waiver.***

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCAN TO:** coachcoordinator@salmonarmminorhockey.com

**\*You will receive an emailed confirmation\***

**Please review selection process on the SAMHA Website.** Successful candidates will be contacted in early September.

Thank you for taking interest in volunteering as Head Coach within SAMHA.

**APPLICATION DEADLINE: 4:00PM AUGUST 31, 2018**