

Game & Conduct Management:
Barrhead Minor Hockey Association
Coaching Application Form

Name: _____

Position applied for: **COACH** or **ASSISTANT COACH** _____

Address: _____

City: _____, AB Postal Code: _____

Home Phone: _____ Email: _____

If applying for a Coach position, please indicate your choice of assistant(s):

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

POSITION(S) APPLYING FOR: Indicate 1st, 2nd and 3rd choices

Initiation _____ Novice _____ Atom _____

PeeWee _____ Bantam _____ Bantam _____

Indicate your highest level of Coaching Certification attained.

Level (Coach, Intermediate, Advance I) _____

NCCP # _____ Date Attained: _____

Initiation Program Attained : YES NO Date Attained: _____

Speak Out Program Attained : YES NO Date Attained: _____

Hockey Canada Respect In Sport Program Attained: YES NO

Safety Program Attained : YES NO Date Attained: _____

Next desired Coaching upgrading level: _____

Will you participate in Coach Development sessions? YES NO

Would you be willing to work with a Coach mentor? YES NO

PREVIOUS COACHING EXPERIENCE:

Year: _____

Association: _____

Position: _____

Safety Program Attained : YES NO Date Attained: _____

Next desired Coaching upgrading level: _____ (Year, Association, Division, Position)

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I, the undersigned agree to follow the Philosophy and the Coaching policy as set out by **Barrhead Minor Hockey Association**, and all other team policies as set out in the **Barrhead Minor Hockey Association's Policy and Procedures Manual**.

Coach selection policy requires interviews with competitive Coaches and some Lower Level Coaches prior to any selections being made. All applicants will be notified by phone

NOTE: Coaches will be required to have a completed **Criminal and Child Welfare Record Check** as part of the Canadian Hockey Association, Hockey Alberta and Barrhead Minor Hockey Association's Abuse and Harassment Program.

Barrhead Minor Hockey Association's Coaches Selection Committee May Request References and / or Resumes.

Signature: _____

Date: _____

Applications should be returned by to the following address:

Barrhead Minor Hockey Association

Box 4163

Barrhead Alberta

T7N - 1A2

(Attention Coaching Selection Committee)