



SLMHA Coaching Application

Personal Information

Name: _____ **Division Applying for:** _____
Phone: _____ **Head Coach/Assistant:** _____
E-Mail: _____

Previous Coaching Experience (feel free to list on a separate page, if necessary):

| <u>Year</u> | <u>Division</u> | <u>League</u> | <u>Job Title/Responsibilities</u> |
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Are you willing to participate in team selection? Yes No
 If you are not selected as Head Coach, would you be willing to be an assistant coach? Yes No
 Criminal Record Check completed/up to date? Yes No

Qualifications

Year Completed

- Speak Out/Respect In Sport Coach (RISC) _____
- Hockey Canada Safety Program (HCSP or Safety) _____
- Hockey Canada Initiation Program _____
- NCCP – Coach Level _____
- NCCP – Intermediate Level _____
- Coach Stream _____
- Body Checking _____
- Development 1 _____

Other (please list):

Declaration:

I hereby authorize the Slave Lake Minor Hockey Association to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements. Should I be selected, I further agree to abide by the Constitution, By-laws and Rules and Regulations of SLMHA, HA and HC. I also agree to take skill development programs as laid out by SLMHA.

Signature _____

Date _____