



St. Albert Minor Hockey

Coaching Application

Name:			
Address			Postal Code
Home Phone	Cell Phone	Work Phone	
Email			Date of Birth (dd-mmm-yy)
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

Division you would like to coach:

Intro To Hockey		Initiation	
Novice		Atom	
Peewee		Peewee AA	
Bantam		Midget	
Junior		Female	

Certification/Training:

	Year Completed	Location Completed
Intro to Coach - Coach 1		
Coach 2 - Coach level		
Development 1		
Development 2		
High Performance 1		
High Performance 2		
Speak Out/RIS - Coach		
Checking Skills		
Safety		

Hockey Coaching Experience:

(List in order, starting with the most recent)

Year	Age Group	Association	Responsibility

Coaching References:

Name	Home Number	Cell Number	Position

Briefly describe your coaching philosophy:

Briefly describe your season plan:

Please indicate your goals for the team, your thoughts on rules and discipline and overall player development philosophy as well as any other pertinent information.

Sample Practice Plan (on a separate paper and attached to this application):

Please prepare a sample practice that is age appropriate for the team you are applying for. If you are applying for teams in different age groups, prepare a sample plan for each of the age groups.

Questions:

Please check the appropriate response.

Do you have a child registered with SAMHA? Yes No

If a coaching position were not available in the age group of your choice, would you be willing to coach in another division? Yes No
(if yes, which division? _____)

Do you feel your child will make the team for which you are applying? Yes No

In what portion of the team do you feel your child will rate? Upper Middle Lower
Will you coach the team if an independent committee does not assess your child to make the team? Yes No

Are you certified for the level for which you are applying? Yes No

If you are not certified at the required level, are you willing to take a course to attain the required level? Yes No

Have you submitted a Criminal Record Check to SAMHA in the last 3 seasons if so when? _____ Yes No

Are you currently active as a volunteer with SAMHA? Yes No

If yes, in what capacity?

Declaration:

I hereby authorize the St. Albert 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 Constitutions, Bylaws, and Policies of the SAMHA, the AAHA, and the CAHA. **I agree to provide a clear volunteer criminal record check to SAMHA and I understand that I may be removed as a team official if the criminal record check is not satisfactorily completed and received in the office by November 15th of the current hockey season.** I also agree to take skill development programs and follow the mentorship model as laid out by SAMHA.

Signature of Applicant

Date

All applications should be submitted to the SAMHA office via email at officeadmin@samha.ca
Or dropped off to the SAMHA office located at 66 Hebert Road in between the Akinsdale and Kinex arena