TABER MINOR HOCKEY ASSOCIATION

 Coach Application Cover Letter
2016/2017

Box 4795 Taber, Alberta. T1G 2E1

PLEASE READ

* Applications for Head Coach will be accepted immediately.
* All applications will be accepted by mail at the above mail box, or email to coach directors, emails are found on the TMHA website.
All applications will be held strictly confidential.
* Head Coach is required to have previous coaching experience at similar competitive level if possible.
* Positions are advertised in Taber Times and numerous other southern Alberta newspapers and by word of mouth.
* There could be an off-ice Manager picked by the Head Coach at seasons start.
* The Head Coach or appointed assistant(s) must have taken coaching, safety, Respect in Sports, and checking clinics, relative to the division they are applying for.
* There will be a formal interview process for Head Coaches during **July 30 – Aug. 31st, 2016.** The Chairman will contact the candidates.
* After the interview process, a Head Coach for each division will be appointed by the TMHA Coach Selection committee. All candidates who applied will be advised via email, phone or phone message within 24 hours of the decision.
* Interview process is necessary due to the possible number of people interested, removal of any type of controversy toward the TMHA organization and the coaches selected and finally an introduction to a formal process for the future.
* You will also be required to provide a police check with this application

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s name** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Print: |  |  | Signature: |  |  | Date: |  |

Coaching Application

2016/2017

TABER MINOR HOCKEY ASSOCIATION

 (Please fill out completely or it may be returned)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |  |
| City/Town |  |  |  |
| Postal Code: |  |  |  |
| Phone Numbers: |  |  | (home) |
|  |  |  | (work) |
|  |  |  | (cell) |
|  |  |  | (fax) |
| e-mail: |  |  |  |
| **Hockey division you wish to coach: (Please check)** |
|  |  |  |  |  |
| Pee Wee  |  |  | Initiation \_ |  |
|  |  |  |  |  |
| Bantam  |  |  | Novice \_ |  |
|  |  |  |  |  |
| Midget  |  |  | Atom \_ |

Do you have a child playing in this age division? Yes \_\_\_\_ No \_\_\_\_

What year? 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_

Coaching Clinics Attained:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Year attained: |  |
|  |  |  | Year attained: |  |
|  |  |  | Year attained: |  |
|  |  |  | Year attained: |  |
|  |  |  | Year attained: |  |
|  |  |  | Year attained: |  |

\* It is your responsibility to find out what year any certificates were obtained.

If required by TMHA you must provide proof directly to them.

Previous coaching experience: (please print)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age Group |  | Position Held (Coach, Assistant etc.) |  | Year |
|  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If you were involved in or coached last year, provide the name & phone number of (3) player parents that were on your team that can reference your coaching ability:
(May not be co-coaches)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name |  | Phone Number |
| 1. |  |
| 2. |  |  |  |
| 3. |  |  |  |

Please provide (5) references whom we can contact:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name |  | Phone Number |
| 1. |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

Are you aware of TMHA Policies & Procedures? Yes \_\_\_\_ No \_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant (print):** |  |  | **Signature:** |  |
| **Date:** |  |  |
|  | Mail to:  | Taber Minor Hockey Association |
|  |  | Box 4795  |
|  |  | Taber, Alberta. T1G - 2E1 |
|  |  |  |