



Coaching Application

Please forward to:  
WMHA, Box 6481, Wetaskiwin Alberta T9A 2G2,  
Attn. Jim Wood OR email: jwood.wmha@gmail.com

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/Month \_\_\_\_\_/Day \_\_\_\_\_Year

Category Applied For:

\_\_\_ Initiation            Requires completion of Hockey Canada Initiation Program  
Respect in Sport – Coach

\_\_\_ Novice                Requires NCCP Intro to Coach Course  
Respect in Sport – Coach

\_\_\_ Atom                 Requires NCCP Coach Level Course and Checking Skills  
Respect In Sport – Coach

\_\_\_ Pee Wee             Requires NCCP Coach Level Course and Checking Skills  
Respect In Sport – Coach

\_\_\_ Bantam              Requires NCCP Coach Level and Checking Skills  
Respect In Sport - Coach

\_\_\_ Midget              Requires NCCP Coach Level and Checking Skills  
Respect In Sport – Coach

\_\_\_ Coach                \_\_\_ Assistant Coach            \_\_\_ Male                    \_\_\_ Female

LEVEL WANTING TO COACH: \_\_\_ House or \_\_\_ Representative

If your choices are not available, would you be willing to coach another team? YES NO

Do you have a son/daughter at this age? YES NO

COACHING/TRAINERS CERTIFICATION		(Please fill out all certificates you currently hold)	
Certification	Yes or No	Year Attained	Date of Expiry
Intro to Coach			
Coach Level			
Development 1			
High Performance 1			
Safety Clinic/ HCSP			
Speak Out Clinic			
Checking			
Respect in Sport (online)			
<b>PLEASE NOTE:</b> All Coaches/Trainers must have or be prepared to take the appropriate clinics by Nov 15, 2017. Head coaches are responsible to ensure the team has all necessary certification.			
EXPERIENCE: Please list your past coaching experience			
Season 20__/__	Association:	Duties:	
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Please provide a brief outline of your coaching strengths:

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Please provide a brief outline of coaching skills you wish to improve:

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Additional Comments:

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\* Please attach any other information that you would like to use in support of this application. \*

Please provide two references and include home, business and cell phone numbers, email and nature of the relationship:

1)

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2)

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Interviews for coach applicants will be determined on an individual basis. Those under consideration for a coaching position will be contacted.

Please be aware that all coaches, assistant coaches, trainers, and managers are required to supply a current police record check.

A complete list of team staff must be supplied to Wetaskiwin Minor Hockey for ratification within one week of your regular season start.

If selected as Head Coach, the candidate agrees to attend the annual WMHA coaching/managers meeting in October 2017, regardless of other WMHA commitments (i.e. practices, team meetings or exhibition games). Actual date and time of coach's meeting will be determined at a later date.

**I, the undersigned, authorize the Wetaskiwin Minor Hockey Association to collect personal information appropriate to the position applied for. I understand that the information obtained will be confidential. I agree to follow the coaching philosophy and all other team policies and procedures as set out by Wetaskiwin Minor Hockey. In addition, it is my responsibility to become aware of WMHA policies, procedures and bylaws, which are posted on the WMHA website.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**