

Bashaw Minor Hockey Coaching Application Deadline to submit application is August 1

Name:					
Address:					
Phone: (preferred)		Phone: (alternate)			
Email Address:					
TEAM Applying for:	ŀ	lead Coach	or	Asst. Coach	
1st Choice:	2nd Choice:	:			
If your choices are not available YES NO Do you have a so	e, would you be willing on/daughter at this age		am?		
COACHING/TRAINERS CERTIFICATION			(Please fill out all certificates you currently hold)		
Certification	Yes or No	Year Attained	Intend to complete		
Initiation Level					
Coach Level					
Development I					
High Performance					
Safety Clinic / HCSP					
Speak Out Clinic					
Criminal Record Check					
Respect in Sport (online)					
PLEASE NOTE: All Coaches/T 2017. Head Coaches are resp				inics b	y November 30,
EXPERIENCE: Please list y	our past coaching exp	perience (Attach pers	sonal resume if n	ecess	ary)
Season 20/	Association:		Duties:		
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Other relevant training:
Briefly summarize your proposed seasonal plan.
Do you have a child at the level you are applying for?
Explain in general terms your Coaching philosophy/style:
What are your strengths?
What are your team initiatives, objectives and goals?
What hockey experience (coaching/playing) do you have to help with your potential coaching position?
What is your attitude towards winning and losing?
What is your philosophy on ice time (for example - shortening your bench or benching as a form of discipline?)
Why are you volunteering for this position?