**Coach Application 2023-24 season Grande Cache Minor Hockey Association**

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| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Box # DOB yy/mm/dd - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City / Town | | Grande Cache | | | | | | | | | | | | | Postal Code | | | | | | | | | | | | | TOE OYO | | | | | | | |
| Home Phone | |  | | | | | | | | | | | | | Cell  Phone | | | | | | | | | | | | |  | | | | | | | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position and Team (s) Applied For**(Circle all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please bold Division Applying for : U18 U15 U13 U11 U9 U7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please bold Position Applying for: Head Coach Assistant Coach Practice Assistant Trainer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please bold Division Applying for : U18 U15 U13 U11 U9 U7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please bold Position Applying for: Head Coach Assistant Coach Practice Assistant Trainer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Certification and Risk Management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a current **Criminal Record &** **Vulnerability Check** **on file** with GCMHA with in the last 3 years? | | | | | | | | | | | | | | | | | | Yes | | | | | Date Obtained | | | | | | | | |  | | | |
| No | | | | |
| Do you have a current **Child Welfare Check** on file with GCMHA with in the last 3 years? | | | | | | | | | | | | | | | | | |  | | | | | Date Obtained | | | | | | | | |  | | | |
| Yes | | | | |
| No | | | | |
| **Please state if and when you completed the following or Dates you plan to attend if accepted?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Respect in Sport**  **Leader** | | | | | | Yes No | | | | | | | | **Date Received:**  YY/MM/DD | | | | | | | | | | | | | | | **Date Scheduled:**  YY/MM/DD | | | | | | |  | | **Expiry Date** |  |  |  |
| **Hockey Safety HCSP**  Previously Trainers | | | | | | No Yes | | | | | | | | **Date Received:**  YY/MM/DD | | | | | | | | | | | | | | | **Date Scheduled:**  YY/MM/DD | | | | | | |
| **Coach 1 Intro to Coaching**  Previously  NCCP Coach Stream | | | | | | Yes No | | | | | | | | **Date Received:**  YY/MM/DD | | | | | | | | | | | | | | | **Date Scheduled:**  YY/MM/DD | | | | | | |
| **NCCP Checking Skills**  (Head Coach Peewee & up including female) | | | | | | Yes No | | | | | | | | **Date Received:**  YY/MM/DD | | | | | | | | | | | | | | | **Date Scheduled:**  YY/MM/DD | | | | | | |
| **Coach 2 Coaching**  Previously  Peewee & up, including female. | | | | | | Yes No | | | | | | | | **Date Received:**  YY/MM/DD | | | | | | | | | | | | | | | **Date Scheduled:**  YY/MM/DD | | | | | | |  | |  |  |  |  |
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| **Hockey Coaching or Volunteering experience:**  Please circle None if you are a first time coach.  NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year** | | | | | **Association** | | | | | | | | | | | | | | **Division** | | | | | | | | | | | **Contact person to verify your experience.** | | | | | | |
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| As a coach above and beyond Hockey Alberta Respect in Sport and Fair Play policies we GCMHA have the following expectations and ask that by initialing beside each statement you commit to the following:  \_\_\_\_\_\_\_\_ I agree to successfully receive all required certification prior to November 15 once approved by GCMHA to do so.  \_\_\_\_\_\_\_\_\_ I agree to attend all practices with exception of extenuating circumstances and will make arrangements for a replacement.  \_\_\_\_\_\_\_\_\_ I agree to be prepared and punctual for all games and practices  \_\_\_\_\_\_\_\_\_ I agree to be a positive role model on and off the ice.  \_\_\_\_\_\_\_\_\_ I agree to attend games in appropriate dress  \_\_\_\_\_\_\_\_\_ I agree to communicate amongst my fellow coaches and with my manager on a consistent basis.  \_\_\_\_\_\_\_\_\_ I agree I will not contribute to or allow any inappropriate language at any time.  (Swearing, racial remarks, threats, intimidation, etc.)  \_\_\_\_\_\_\_\_\_ I agree to adhere to GCMHA Coach Guidelines that include alcohol beverages, drugs and tobacco policy.  ***If the above expectations are not adhered to you may be reviewed by the GCMHA Coach Selection Committee and/or Code of Conduct Committee.***  By completing and returning this application form applicants hereby agree to abide by and adhere to the rules, regulations, policies and guidelines of Hockey Canada, Hockey Alberta & Grande Cache Minor Hockey Association.  Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or electronically submitted.  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return completed form to:  Coach Director of GCMHA  [coachgcmha@gmail.com](mailto:coachgcmha@gmail.com)  or  President of GCHMA  [gcmhapresident@gmail.com](mailto:gcmhapresident@gmail.com)  BOX 281  Grande Cache AB  T0E 0Y0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |