

**\*\*\*\*\*Applications MUST be submitted to:** **IMHADevelopment@gmail.com** **\*\*\*\*\***

**Coach/Assistant Coach Selection Application**

**Name**:

**Address**:

**City:** **Province:** **Postal Code**:

**Phone (Residence):** **Phone (Cell):**

**Email Address:**

**Team Selection**

Please indicate by prioritizing the level in which you would like to coach and the position you are seeking. (Levels i.e. Eaglets, U-7, U-9, U-11, U-13, U-15 or U-18)

[ ]  **Head Coach** [ ]  **Assistant Coach**

1. 2. 3.

If your choices are not available, would you accept a different position?

[ ]  Yes

[ ]  No

**Coaching Certification (please fill out all applicable areas)**

New NCCP

[ ]  Coach 1 Year Attained: [ ]  Safety Year:

[ ]  Coach 2 Year: [ ]  Checking Skills Year:

[ ]  Development 1 Year: [ ]  R.I.S Activity Leader Year:

[ ]  Development 2 Year: [ ]  High Performance 1 Year:



**Previous Experience**

 Year Team/Association Category Position

**What is your coaching philosophy? (Attach sheet if necessary)**

**Coaching Resume**

Coaching experiences and any other information which is not detailed in this application (i.e. employment, playing experiences, other interests, etc.) Attach sheet if necessary.



**What are your team initiatives, objectives and goals?**

**References: (Please list three references i.e. parents, professionals)**

Name:

Address:

City: Province: Postal Code:

Phone (Residence): Phone (Cell):

Email Address:

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Name:

Address:

City: Province: Postal Code:

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Email Address:

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Name:

Address:

City: Province: Postal Code:

Phone (Residence): Phone (Business):

Email Address:



**Screening**

Innisfail Minor Hockey Association is committed to reducing harassment, abuse and bullying in our programs. As a priority we are screening volunteers and staff to ensure the highest quality of personnel to support our programs and create a friendly and welcoming environment for our participants. Some positions require additional screening.

**Please be advised that your position will require a criminal record check and/or a vulnerable person’s check that has been completed within the last 3 years.**

**Do you wish to disclose any previous record(s) of offences?**

[ ]  Not applicable [ ]  No [ ]  Yes

Official Charge Date of Conviction:

**Disclosure or discovery of a previous record of offence may be considered in the person’s application for position within Innisfail Minor Hockey Association. Based on the circumstances of the record, a person may be excluded from participation within Innisfail Minor Hockey Association.**

[ ]  **I hereby acknowledge that the information provided above is accurate to the best of my knowledge. I hereby consent to a member of Innisfail Minor Hockey Association’s Board of Directors contacting the references listed above.**

**Signature Date**

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Personal information used, disclosed, secured or retained by Innisfail Minor Hockey Association will be held solely for the purposes for which we collected it.

**This is the only Coach Application that will be accepted by IMHA. Any Coach Application must be sent to** **imhadevelopment@gmail.com** **. Any Applications delivered to any other email address, any other location or via any other method will not be accepted.**