 **2023/24 Coach/Assistant Coach Application**

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

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**

**Applicant information:**

Name:

Address:

City:       Province:    Postal Code:

Phone: 555-555-1212 Email:

**References: PLEASE PROVIDE 3 (professional, colleagues, etc.)**

Name 1:

Address:

City:       Province:    Postal Code:

Phone: 555-555-1212 Email:

Name2:

Address:

City:       Province:    Postal Code:

Phone: 555-555-1212 Email:

Name3:

Address:

City:       Province:    Postal Code:

Phone: 555-555-1212 Email:

**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)

1.  Position:

2. Position:

3. Position:

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

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

National Coaching Certification Program (NCCP) Number:

Respect in Sport (Activity Leader) Number:       Expiry Date:

Safety [ ]  Year Attained:

Coach 1 [ ]  Year Attained:

Coach 2 [ ]  Year Attained:

Checking Skills [ ]  Year Attained:

Development 1 [ ]  Year Attained:

Development 2 [ ]  Year Attained:

High Performance [ ]  Year Attained:

**Previous Experience**

**Year Team/Association Category Position**

**What is your coaching philosophy?**

**Coaching Resume**

Coaching experiences & any other information which is not detailed in this application (i.e. employment, playing experiences, other interests, etc.)

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

**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 Vulnerable Sector Check that has been completed within the last 3 years.**

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

Offence(s):

Official Charge Date of Conviction(s):

Comments:

**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:

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

***PRINT, SIGN, SCAN & RETURN VIA EMAIL***