**IMHA 2025/26 Coach/Assistant Coach Application**

**Applicant information:**

Name:       Address:

City:       Province:    Postal Code:

Phone:       Email:

**References: Please provide 3 (professional, colleagues etc.)**

Reference 1:       Relationship:

Email:       Phone:

Reference 2:       Relationship:

Email:       Phone:

Reference 3:       Relationship:

Email:       Phone:

**Team Selection**

Please indicate, in order of preference, age group and position you are applying for.

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:

**Most Recent/Notable Experience**

**Year Team/Association Category Position**

**What is your coaching philosophy and objectives? What approach do you use to achieve this?**

**Additional Information**

Additional Information you’d like considered in your application (i.e. employment, playing experiences, other interests, etc.)

**Screening**

Innisfail Minor Hockey Association is committed to eliminating harassment, abuse and bullying from our programs, while providing a safe, inclusive, and welcoming environment for our participants. To assist in achieving this, we screen our volunteers and staff to ensure the highest quality of personnel.

**Please be advised that a \*valid\* Vulnerable Sector Check is required prior to being approved by the IMHA.**

\*Completed in 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 will 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**

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

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**