



## 'AA' Coaching Application Cover Letter

### PLEASE READ

- Applications for Head Coach, will be accepted until April 17<sup>th</sup>. Once head coach has been selected the head coaches assistants and manager will be interviewed with the coaching directors and will review the GSAA Coaching Policies and Coaching Code of Conduct
- All applications will only be accepted by email to [bbhs2000@hotmail.com](mailto:bbhs2000@hotmail.com)
- All applications will be held strictly confidential.  
PLEASE NO PERSONAL CALLS TO THE COACH MENTOR.
- Head Coach is required to have previous coaching experience at similar competitive level if possible.
- There could be an off-ice Manager picked by the Head Coach at seasons start.
- The Head Coach or appointed assistant(s) must have coaching, Safety, Speak Out or Coach Respect in Sports and Checking Clinics.
- There will be a formal interview process for Head Coaches April 18<sup>th</sup> – May 10<sup>th</sup>. The Chairman of the selection committee will contact the candidates.
- After the interview process, a Head Coach for each division will be appointed by the Golden Suns Coach's selection committee. All candidates who applied will be advised via email, phone or phone message within 24 hours of the decision.
- Interview process is necessary due to the number of people interested, removal of any type of controversy toward the Golden Suns organization and the coaches selected and finally an introduction to a formal process for the future.
- You will also be required to provide a police check with this application.
- The head coach must attend the GSAA meeting in August to discuss policy and expectations of the Golden Suns

### Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Coaching Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Hockey Division you wish to coach:

U11 AA

U13 AA

U15 AA

U18 AA

Do you have a child playing in this age division? YES NO

What Year? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

### Coaching Clinics Attended

Name: \_\_\_\_\_ Year attained: \_\_\_\_\_

\*It is your responsibility to find out what year any certificates were obtained. If required by GSAA you must provide proof directly to them.



# Golden Suns Athletic Association



## Previous Experience

Age Group	Position Held (Coach, Assistant, etc.)	Year

## Coaching References

*If you were involved in or coached last year, provide the name and number of 3 player parents that were on your team, that can reference your coaching ability (no co-coaches):*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Other References

*Please provide 5 references whom we can contact:*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you aware of GSAA Policies & Procedures?      YES      NO  
        

## Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_