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**STRATFORD MINOR HOCKEY ASSOCIATION**

**COACHING APPLICATION FOR THE 2018-2019 SEASON   
APPLICATION DEADLINE: FRIDAY, FEBRUARY 16, 2018**

**SECTION 1:** CONTACT INFORMATION

Name of Applicant:

Home Phone:       Cell Phone:

Work Phone:       Birth Date:

(Emergencies Only) (yyyy/mm/dd)

Email Address:

Home Address:

City:       Postal Code:

Employer:       Job Position/Title:      

**SECTION 2:** TEAM APPLICATION

**I wish to apply as Head Coach for the following team:**

**SEEDED**  Minor Atom A/AA **MINOR DEVELOPMENT**  Novice Tier I

Major Atom A/AA  Novice Tier II

Minor Peewee A/AA  Novice Tier III

Major Peewee A/AA  Minor Atom MD

Minor Bantam A/AA  Major Atom MD

Major Bantam A/AA  Minor Peewee MD

Minor Midget A/AA  Major Peewee MD

Major Midget A/AA  Minor Bantam MD

Major Bantam MD

Minor Midget MD

Major Midget MD

**Would you be willing to coach a team that you did not apply for?**  Yes  No

**List below any people you are considering for part of your coaching staff:**

|  |  |
| --- | --- |
| *Name* | *Position* |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 3:** EXPERIENCE/QUALIFICATIONS

**Please provide details of prior coaching positions held:**

Year:       Association:       Position:

Year:       Association:       Position:

Year:       Association:       Position:

**Do you have your NCCP Coaching Certification:**

**If yes, what is your NCCP Coach Level?**  
      Development 1       Coach 1 - Intro Coach       Coach 2 - Coach Level

**NOTE: ALL COACHES AND STAFF MUST COMPLETE ANY OUTSTANDING CERTIFICATIONS BY  
SEPTEMBER 30, 2018. PLEASE DO NOT DELAY IN SIGNING UP FOR A COURSE AS THEY FILL UP EARLY!**

**SECTION 4:** REFERENCES

**Coaching:**

Name:       Phone:

**Non-Coaching:**

Name:       Phone:

I agree to ensure staff (including managers) obtain a Police Vulnerable Sector Check (Police Check) and be approved by the Coaches Selection Committee. If staff have submitted a Police Check to SMHA dated 2016, 2017 or 2018, they will not be required to submit a new one, however, they must notify the Risk Management Committee should they have committed an offence since their previous check. By accepting a position with SMHA, they declare that there have been no changes to their previous check.

I acknowledge and agree to the above named references being contacted. I am aware that other persons and organizations may also be contacted. I give permission to these persons/organizations to provide information about myself to the Stratford Minor Hockey Association (SMHA) for purposes of this application.

If accepted to a coaching position with SMHA, I agree to uphold and abide by any rules and regulations as set forth by the Association, the SMHA Constitution and the goals and philosophies of the Association.

I further understand and agree that as Head Coach I bear ultimate responsibility for any and all team staff conduct or lack of performance in their duties. It is also understood that all signing parties are subject to discipline or suspension at the SMHA Board of Directors discretion.

I AGREE to all terms and conditions.

Name:       Signature:  *Acknowledgement of Signature*

**Please return completed application by Friday, February 16, 2018**

to the Coaches Selection Committee at [applications@stratfordminorhockey.com](mailto:applications@stratfordminorhockey.com?subject=Coaching%20Application)

(or mail/drop off to 21 Kay Street, Stratford, Ontario N5A 7R7)

Please contact dan Jackson (519-801-0029) should you have any questions.

*Thank you for taking time to apply with Stratford Minor Hockey!*