



Stirling & District Minor Hockey Association (SDMHA)
2026-27 Representative Coach Application
U8MD-U21B

CANDIDATE INFORMATION:

Candidate Name:

Address:

Phone Number:

Email:

First choice team selection: Choose an item.

Second choice team selection Choose an item.

Do you have a valid Vulnerable Sector Check (VSC): Choose an item.

If yes, please indicate VSC expiration date.

Select your current certification level: Choose an item.

Will you have a child/family member being evaluated for any of the above team selections? Choose an item.

COACHING RESUME:

In the last five years, have you been in a hockey coaching role? If yes, please list teams, associations, years involved, and category of position held. *If you require more space, please attach additional pages.*

What is your motivation in coaching, and in coaching the team you are applying for?



Please outline your individual player expectations and expectations for the team you are applying to coach.

For the team you are applying to coach, please explain your approach for the pre-season, first half of the season and the second half of the season.

What do you hope players gain from their coach, besides the desire to win?

What is the anticipated role of your co-coaches, assistants, trainers and manager?

Please list the name and position of potential bench staff (Assistant Coach(s), Trainer(s), Manager and back up bench).

REFERENCES: Please provide three (3) references

Name:

Relationship:

Address:

Phone Number:

Name:

Relationship:

Address:

Phone Number:

Name:

Relationship:

Address:

Phone Number:



Authorization for collection of personal information

Stirling & District Minor Hockey Association appreciates your interest in minor hockey coaching and we appreciate all candidates for submitting an application. All applications will be considered based on qualifications, experience, due diligence, and "best fit" for the team(s) and SDMHA. Reminder that submitting an application does not guarantee an interview.

I, _____, authorize Stirling & District Minor Hockey Association to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied. I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Signature

Date

This section to be completed by Stirling & District Minor Hockey Association Executive

Reference check(s) completed by:

Date completed:

Comments: