



SDMHA COACH SELECTION
APPLICATION 2023/24

Name: _____

D.O.B: _____

Address: _____

City: _____

Postal Code: _____

Phone: (Res.) _____

(Bus.) _____ (Fax) _____

TEAM SELECTION

Please indicate your team choice from the following:

Local League: U5, U7, U9, U11, U13, U15, U18

Representative: U9B, U11B, U13B, U15B, U18B

My choice is: _____

If your choice is not available, would you accept a different position? YES / NO

NATIONAL COACHING CERTIFICATION (Please fill out applicable areas)

NCCP Certification

Coach Stream () Year Attained: _____

Coach Dev. 1 () Year Attained: _____

CHIP () Year Attained: _____

Other: Year Attained: _____

COACHING EXPERIENCE

TEAM/ASSOCIATION	CATEGORY	POSITION

COACHING RESUME

What is your coaching philosophy?

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

What are your team initiatives, objectives and goals?

Please use the space below or attach your personal resume, reflecting your coaching experiences and any other information, which is not detailed in this application (i.e. employment, playing experience, other interests, etc.)

REFERENCES

(List three references)

Name: _____

Relationship: _____

Address: _____ City/Town: _____

Postal Code: _____ Phone: Res: _____ Bus: _____

Name: _____

Relationship: _____

Address: _____ City/Town: _____

Postal Code: _____ Phone: Res: _____ Bus: _____

Name: _____

Relationship: _____

Address: _____ City/Town: _____

Postal Code: _____ Phone: (Res) _____ (Bus) _____

This section to be completed by Stirling Minor Hockey Association

REFERENCE CHECK DONE BY: _____

DATE: _____

COMMENTS:

Authorization for collection of personal information

I, _____, authorize Stirling and 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

Day/Month/Year