

Orangeville Minor Hockey Association Coaching Application



2016 – 2017

ROSTER SELECT

COACHING APPLICATION

Please Complete the following **Application** with an attached **Cover Letter** outlining your interest in applying for the team (s) you are applying for and why.

All applications are to be handed into the
Orangeville Minor Hockey Office
located at Tony Rose Arena or email to natashahussey@hotmail.ca

Deadline date November 2nd 2016

*For further information please feel free to contact
Natasha Hussey at (519) 307-0229 or email
natashahussey@hotmail.ca*

Orangeville Minor Hockey Association Coaching Application

Coaching Applicant's Name _____

Date of Birth _____
Day Month Year

Address _____

City: _____ Postal Code: _____

Phone: Resid. # (____) ____ - ____ Cell # (____) ____ - ____

Email Add. _____ @ _____

Employer: _____ Occupation: _____

**Please be advised that you will need to submit a current
Vulnerable Sector Scan with this application.**

National Coaching Certification (NCCP levels / Hockey Canada)

Respect in Sport-Activity Leader (Speakout) ()

Trainer () **EXPIRY DATE (If known)** _____

CHIP/Coach 1 () **EXPIRY DATE (If known)** _____

Coach 2 () **EXPIRY DATE (If known)** _____

Intermediate () **EXPIRY DATE (If known)** _____

Development I () **EXPIRY DATE (If known)** _____

Development II () **EXPIRY DATE (If known)** _____

TEAM(S) APPLYING TO COACH *(Please not order of Preference)*

Roster Select Team Requested	
Minor Tyke (2010 ONLY)	Atom (Combined 2007/2006)

If these choices were not available, would you accept a different position?
Yes _____ No _____ Maybe _____ (i.e. Assistant Coach etc.)

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COACHING EXPERIENCE *(Hockey & Other)*

Year	Association/Sport	Age Group	Position

If more room is required please write on back or attach an Appendix

Do you have any children presently playing hockey? Yes No
 If yes? Where _____ & Age _____ & Level _____

Do you have any child registered with Orangeville Minor Hockey? Yes No
 If yes? Where _____ & Age _____ & Level _____

HOCKEY PLAYING EXPERIENCE

Where did you play your hockey? _____
 What level did you play? _____
 How long have you played hockey? _____
 Do you still play hockey? _____

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REFERENCES

List three references: i.e. player 12 and over, parent, professional

1. Name _____
Address _____
Phone# _____ Cell # _____

Circle One: Player Parent Professional

2. Name _____
Address _____
Phone# _____ Cell # _____

Circle One: Player Parent Professional

3. Name _____
Address _____
Phone# _____ Cell # _____

Circle One: Player Parent Professional

Coaching Related Questions:

1. Describe your coaching style.

2. What would you consider your "coaching" weaknesses and/or challenges and what coping strategies can you employ to assist you in overcoming them?

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3. Please describe your Coaching Philosophy. *(If more room is required attach an Appendix)*

AUTHORIZATION FOR COLLECTION OF INFORMATION

I _____ authorize the Orangeville M.H.A. to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verifies 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.

I understand that in order for my application to be considered, I must submit a Vulnerable Sector Scan.

Applicant's Signature

Date