Orangeville Minor Hockey Association
Coaching Application

2017 – 2018

Tyke/Novice ROSTER SELECT

COMBINED
(2010 & 2009 birth year)

Deadline date January 17, 2018 - 9pm

COACHING APPLICATION

Please Complete the following **Application** with an attached
Cover Letter outlining your interest in applying for the above

All applications are to be handed into the
Orangeville Minor Hockey Office
located at <u>Tony Rose Arena</u> or email to
robyngougeon@rogers.com

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

Tyke/Novice COMBINED
(2010 & 2009 birth year)

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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)*

_____
_____
_____
_____
_____
_____
_____
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_____
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_____
_____
_____

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 if one is not already current and on file with the
Orangeville Minor Hockey Association.

_____   _____
Applicant's Signature   Date