

Orangeville Minor Hockey Association Coaching Application



2018 – 2019

HOUSE LEAGUE 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
orangevillemha@gmail.com

*For further information please feel free to contact
the Orangeville Minor Hockey Office at (519) 941-2260
or email orangevillemha@gmail.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 police Vulnerable Sector clearance with this application.

National Coaching Certification (NCCP levels / Hockey Canada)

Speak Out (PRS)	()	
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)*

Team(s) Requested					Example: (X - 1 st) (X - 2 nd) (X - 3 rd)				
Tyke	Novice	M. Atom	Atom	M. Peewee	Peewee	M. Bantam	Bantam	M. Midget	Midget

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

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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 criminal reference check.

Applicant's Signature

Date

The following page needs to be printed and taken you your local police station to be processed. Please submit Vulnerable Sector Scan to the Orangeville Minor Hockey office once completed.

DO NOT submit the following page with your application.

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103 – 275 Alder Street
Orangeville, ON L9W 5H6
(519) 941-2260
www.orangevilleminorhockey.com



June 13th, 2018

To whom it may Concern:

This is to verify that _____
is applying for a volunteer position with Orangeville Minor
Hockey for the 2018-2019 season and requires a Police Record
Check/Vulnerable Sector check to be completed.

Yours in Hockey,

A handwritten signature in blue ink, appearing to read "Joanne Wilson".

Joanne Wilson
Administrator - Registrar