**Centre Hastings Minor Hockey Association**

**Head Coaching Application**

Thank you for expressing your interest in supporting minor hockey in Centre Hastings. Please complete the following application if you are interested in a Head Coaching role for the **2020 – 2021** hockey season for Under-7 to Under-21 age groups. Coaching applications are mandatory and must be submitted to the Coaching Coordinator by **August 1st 2020**. All candidates will be contacted by the CHMHA Coaching Coordinator once selections have been made. CHMHA does reserve the right to hold in person meetings for the application process. Please note that AE and Leo League applications will be accepted by the **August 1st 2020** however coaches will be selected after determining the team category status for the upcoming season and an additional Application Deadline for those Leo League teams will occur at that time.

**Please forward your application to:** the CHMHA Coaching Coordinator.

Gord Leonard: gl\_27@yahoo.com

**Deadline for submission of application: Saturday, August 1st 2020**

**Personal Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B.:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province:** \_\_\_\_\_\_\_ **Postal Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(\*this is mandatory)*

**Team Selection**

**Category:** \_\_\_\_\_ U7 (2014 & younger) \_\_\_\_\_ U8 (2013)

\_\_\_\_\_ U9 (2012) \_\_\_\_\_ U11 (2010-2011) \_\_\_\_\_ U13 (2008-2009)

\_\_\_\_\_ U15 (2006-2007) \_\_\_\_\_ U18 (2003-2005) \_\_\_\_\_ U21 (2002-2000)

**Division:** \_\_\_\_\_ Rep. *(if applicable)* \_\_\_\_\_ Rep. *(if applicable)* \_\_\_\_\_ Leo *(if applicable)*

If these choices were not available, would you accept a different position?

Yes \_\_\_\_\_ No\_\_\_\_\_ Maybe\_\_\_\_\_ (i.e. assistant coach, trainer, manager, etc.)

**NATIONAL COACHING CERTIFICATION (PLEASE FILL OUT APPLICABLE AREAS *if known*)**

**CHIP Certification** ( Yes\_\_ No\_\_ ) **Year Attained: \_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NCCP Certification**:

Coach ( ) Year Attained: \_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intermediate ( ) Year Attained: \_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advanced ( ) Year Attained: \_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Theory III ( ) Year Attained: \_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advanced II ( ) Year Attained: \_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Services ( ) Year Attained: \_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HTCP Certification ( ) Year Attained: \_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Screening ( ) Year Attained: \_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COACHING EXPERIENCE**

(ie: Team, position, level, positive outcomes, etc.)

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**BENCH STAFF**

Please identify your anticipated coaching staff names (assistant coaches, trainer(s), manager) and their credentials (if known).

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**REFERENCES**

(Please provide 2 character references. At least 1 reference must be a non-bench staff member.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In signing this application, I understand that in order to be considered, I must submit to a criminal reference check. I understand that the information obtained will be confidential but may be shared with relevant organizations and references in order to obtain an appropriate assessment of my ability to assume a CHMHA coaching role.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness**

**C.H.M.H.A. Coaching Application**

**Written Submission**

**All head coaching candidates must complete a written submission which will consist of answering a series of questions that reflect the CHMHA’s philosophies, its Mission Statement and its Codes of Conduct. Answers will be scored on a 3 point scale; Exceeds Expectations (3), Meets Expectations (2) or Needs Improvement (1).**

1. **What is your philosophy on a performance based approach to coaching versus a results oriented approached?**
2. **What basic values do you attempt to teach through coaching?**
3. **How will you handle the stresses of being a coach in a small community? How do you foresee problems being handled?**
4. **What do you consider to be your strengths as a coach and the areas needing improvement?**
5. **How do you develop team unity?**
6. **How will you ensure that a child’s early experiences with hockey are delivered in a safe and positive experience? What role does positive reinforcement play in coaching?**
7. **What kind of relationship will you foster with your bench staff, parents/guardians and the Grizzly membership in general? Provide examples.**
8. **How will you use the CHMHA Codes of Conduct to create a positive culture on your hockey team (please be specific)?**
9. **Please illustrate and detail, on the attached Hockey Canada practice plan sheets below, a minimum two drills that you plan to incorporate into your team practice.**

