**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 2021 – 2022 hockey season for Under-7 to Under-21 age groups. Coaching applications are mandatory and must be submitted to the Coaching Coordinator by June 30th, 2022. 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 June 30th, 2022 deadline, 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.

James McConnell: james.s.mcconnell@gmail.com

Deadline for submission of application: **June 30, 2022**

**Personal Information**

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

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

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

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

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

**Team Selection:**

\_\_\_\_\_ U7 (2015 & younger) \_\_\_\_\_ U8 (2014) \_\_\_\_\_ U9 (2013)

\_\_\_\_\_ U11 (2011-2012) \_\_\_\_\_ U13 (2009-2010) \_\_\_\_\_ U15 (2007-2008) \_\_\_\_\_ U18 (2004-2006) \_\_\_\_\_ U21 (2003-2001)

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.)

**COACHING QUALIFICATIONS OBTAINED**

(PLEASE FILL OUT APPLICABLE AREAS (if known)

Coach Level: \_\_\_\_\_\_\_\_\_\_\_ (Trained or Certified)

Planning a Safe Return to Hockey: \_\_\_\_\_\_\_\_\_\_\_

Respect in Sport – Activity Leader: \_\_\_\_\_\_\_\_\_\_\_

Gender Identity & Expression Course for Coaches: \_\_\_\_\_\_\_\_\_\_\_

Rowan’s Law Resource Review & Acknowledgement: \_\_\_\_\_\_\_\_\_\_\_

Police Screening: \_\_\_\_\_\_\_\_\_\_\_

Additional Courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COACHING EXPERIENCE**

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

**BENCH STAFF**

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

**REFERENCES**

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

Name: Name:

Phone: Phone:

Email: Email:

By 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