

**WARREN MINOR HOCKEY ASSOCIATION**

**COACHING APPLICATION FORM  
2008/2009**

Name: \_\_\_\_\_  
(Given Name) (Middle) (Surname)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CATEGORY:**  
**(Please circle position(s) applying for)**

<b><u>DIVISION</u></b>	<b><u>POSITION(s)</u></b>			
<b>Initiation</b>	Head Coach	Asst. Coach	Manager	Safety/Trainer
<b>Novice</b>	Head Coach	Asst. Coach	Manager	Safety/Trainer
<b>Atom</b>	Head Coach	Asst. Coach	Manager	Safety/Trainer
<b>Pee Wee</b>	Head Coach	Asst. Coach	Manager	Safety/Trainer
<b>Bantam</b>	Head Coach	Asst. Coach	Manager	Safety/Trainer
<b>Midget</b>	Head Coach	Asst. Coach	Manager	Safety/Trainer
<b>Midget Girls</b>	Head Coach	Asst. Coach	Manager	Safety/Trainer

**CERTIFICATION/TRAINING (NCCP & HOCKEY CANADA):**

<b><u>PROGRAM</u></b>	<b><u>YEAR COMPLETED</u></b>	<b><u>LOCATION</u></b>
HC Initiation	_____	_____
NCCP Coach Level	_____	_____
NCCP Development I (Intermediate)	_____	_____
NCCP High Performance (Advanced)	_____	_____
HC Safety Program	_____	_____
Respect in Sport	_____	_____

**OTHER COACHING COURSES OR APPLICABLE TRAINING:**

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**HOCKEY COACHING EXPERIENCE:**

(List in order, starting with the most recent)

<b>YEAR</b>	<b>ASSOCIATION AND TEAM NAME</b>	<b>AGE GROUP</b>	<b>POSITION</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER SPORT COACHING EXPERIENCE OR RELEVANT INFORMATION:**

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**COACHING REFERENCES:**

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

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

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

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

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

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

**COACHING PHILOSOPHY & QUESTIONNAIRE:**

Briefly describe your coaching philosophy?

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What would be the top three (3) objectives for the team you would like to coach?

1.)

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2.)

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3.)

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Additional comments, requests or relevant information:

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Do you have a child registered with Warren Minor Hockey?

Yes  No

If a coaching position were not available in the age group of your choice, would you be willing to coach in another division?

Yes  No

If Yes, what division? \_\_\_\_\_

Are you certified for the level for which you are applying?

Yes  No

If you are not certified at the required level, are you available to take a weekend course to attain the required level?

Yes  No

Along with this coaching application form you are required to complete a Criminal Record Check. Please have this complete and bring to the coaches meeting (TBA).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_