



Coaching Application

Name:
(First) (Middle) (Last)

Address:
(Street) (City) (Postal Code)

D.O.B: **Email:**

Phone (H): **Phone (C):**

Preferred Coaching Assignment (Check) Preferred Coaching Assignment (Check)

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initiation/IP
<input type="checkbox"/> Atom Rec
<input type="checkbox"/> Peewee Rec
<input type="checkbox"/> Bantam Rec
<input type="checkbox"/> Midget Rec | <input type="checkbox"/> Novice 1/2
<input type="checkbox"/> Atom A/AA
<input type="checkbox"/> Peewee A/AA
<input type="checkbox"/> Bantam A/AA
<input type="checkbox"/> Midget A/AA |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Preferred Coaching Position (Check) Preferred Coaching Position (Check)

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Head Coach
<input type="checkbox"/> Manager | <input type="checkbox"/> Assistant Coach
<input type="checkbox"/> On-Ice Helper |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|

List of Certificates (check)

Course Name	Date Received
Intro to Coach	<input type="checkbox"/>
Coach Stream	<input type="checkbox"/>
Development I	<input type="checkbox"/>
Development II	<input type="checkbox"/>

Hockey Canada Speakout/Respect In Sport Certified? Yes No
 Hockey Canada Safety Program Certified? Yes No

I acknowledge that I have received above certifications and can provide proof if necessary _____ (Initial)

Coaching Conditions:

1. I hereby consent to disclose the above information.
2. All **New** coaches must accompany this application with a recent criminal background and vulnerable check prior.
3. I understand HMHA's policies and conditions with respect to providing a criminal background and vulnerable sector check.

Name:

Date:

Signature:

Delivery Option:

Email to: Anthony Walker, HMHA President
bc4hmha@gmail.com

Ryan Boyce, HMHA Technical Director
boyceryan@hotmail.com

Note:

Applicants will be chosen based on several factors including qualifications, experience, coaching history, training, objectives, philosophy, interest and several other factors. The decisions of the Coaches Selection Committee will be final.

Assistant Coaches, Managers and all bench/dressing room personal will have to be approved by HMHA and will require a Criminal Background and Vulnerable Sector check.