



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"/> U7
<input type="checkbox"/> U11C
<input type="checkbox"/> U13C
<input type="checkbox"/> U15C
<input type="checkbox"/> U18C | <input type="checkbox"/> U9 Min/Maj
<input type="checkbox"/> U11 A/AA
<input type="checkbox"/> U13 A/AA
<input type="checkbox"/> U15 A/AA
<input type="checkbox"/> U18 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 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: Mike Webb, HMHA President
mkwebb100@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.