



## 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<br><input type="checkbox"/> U11C<br><input type="checkbox"/> U13C<br><input type="checkbox"/> U15C<br><input type="checkbox"/> U18C | <input type="checkbox"/> U9 Min/Maj<br><input type="checkbox"/> U11 A/AA<br><input type="checkbox"/> U13 A/AA<br><input type="checkbox"/> U15 A/AA<br><input type="checkbox"/> U18 A/AA |
|---|---|

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

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

**List of Certificates (check)**

Course Name	Date Received
Intro to Coach <input style="width: 20px; height: 20px;" type="checkbox"/>	_____
Coach Stream <input style="width: 20px; height: 20px;" type="checkbox"/>	_____
Development I <input style="width: 20px; height: 20px;" type="checkbox"/>	_____
Development II <input style="width: 20px; height: 20px;" 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 Experience:**

Hockey (Start with the most recent, list in order)

<u>Year</u>	<u>Team/Association</u>	<u>Age Group</u>	<u>Position</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Coaching Experience:**

<u>Year</u>	<u>Team/Association</u>	<u>Age Group</u>	<u>Position</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Coaching Philosophy/Comments:**

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**General Hockey Background/Resume:**

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**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:**

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Delivery Option:

Email to: Mike Webb, HMHA President  
[mkwebb100@gmail.com](mailto:mkwebb100@gmail.com)

Rob Gamble, HMHA Technical Director  
[e.r.gamble1894@gmail.com](mailto:e.r.gamble1894@gmail.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.**