INNISFAIL MINOR HOCKEY

**Coach/Volunteer Application 2017-2018**

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| **CONTACT INFORMATION**  |
| Name:  |
| Address:  |
| Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TEAM INFORMATION** |
| TEAM(S) APPLYING FOR:  |   |
| 1st Choice: Coach \_\_\_\_\_\_ Asst Coach \_\_\_\_\_\_ Manager \_\_\_\_\_\_ | 2nd Choice: Coach \_\_\_\_\_\_ Asst Coach \_\_\_\_\_\_ Manager \_\_\_\_\_ |
| If your choice is not available, would you be willing to accept another position? YES NO Do you have a son/daughter at this age? YES NO  |
| **COACHING CERTIFICATION**  | (*Please fill out all certificates you currently hold)*  |
| ***Certification*** | ***Yes or No***  | ***Year Attained***  | ***Intend to complete***  |
| Initiation Level |   |   |   |
| Coach Level |   |   |   |
| Development 1 |   |   |   |
| Safety Clinic / HCSP |   |   |   |
| Respect in Sport Coach (online) |   |   |   |
| **PLEASE NOTE:** All Coaches/Trainers must have a Vulnerable Sector background check submitted with their coaching application. Coaches must also be prepared to take all appropriate certification clinics by Nov. 1/2017. |
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| **EXPERIENCE***: Please list your past experience (Attach personal resume if necessary)* |
| Season 20\_\_/\_\_  | Association:  | Position: |
| Season 20\_\_/\_\_  | Association:  | Position: |
| Season 20\_\_/\_\_  | Association:  | Position: |
| Season 20\_\_/\_\_  | Association:  | Position: |
| Other relevant training: (please include all other hockey related experience, i.e. player, referee, etc. together with any other applicable qualifications or certifications) |
| What Hockey experience (coaching/playing) do you have to help with your potential coaching position?  |
| **References**(please include two references):Name: Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DeclarationI certify the foregoing information to be true and, in the interests of protecting the children involved, I hereby authorize the association to conduct any background checks they deem necessary, including but not limited to a criminal record check. All results will be kept strictly confidential.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(applicant’s signature) |
| **Submit Coaches Applications to:****INNISFAIL MINOR HOCKEY****Box 6028Innisfail, ABT4G 1S7****Email:** **innisfailminorhockey@gmail.com** |
| **REQUIRED CERTIFICATION**Coach Level – Every Head Coach – Dynamite to MidgetSafety (HCSP) – At least 1 Official registered to team present at all games. (expires every 3 years)Respect in Sport Coach – All Officials registered to the team (formerly Speak Out)Checking Skills Clinic – Atom, PeeWee, Bantam, Midget – Every Head Coach |