INNISFAIL MINOR HOCKEY

**Coach/Volunteer Application 2017-2018**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | | | |
|  | | | | | |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Declaration I 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 6028 Innisfail, AB T4G 1S7**  **Email:** [**innisfailminorhockey@gmail.com**](mailto:innisfailminorhockey@gmail.com) | | | | | |
| **REQUIRED CERTIFICATION**  Coach Level – Every Head Coach – Dynamite to Midget  Safety (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 | | | | | |