



TWEED MINOR HOCKEY ASSOCIATION DD COACH APPLICATION

Name of Applicant _____ **Phone** _____
Home Address _____ **Postal code** _____
Work Phone Number _____ (for emergency calls only)

I wish to apply as Head Coach for the following team: (circle desired team(s))

- Skills
 Sr. Tykes
 Novice DD
 Atom DD
 Peewee DD
 Bantam DD
 Midget DD

Preferences

1st Choice

2"d Choice

Are you applying on your own or as a group?

_____ On my own Have Team Staff members prearranged

If you have prearranged Team Staff Members please list their names and positions you will be recommending them for:

Will you or any of your Team Staff have children playing on this team?

Yes No

Please provide coaching positions held:

Year	Association	Position Held & Remarks

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Have you ever been dismissed or suspended by any sports organization?

No

Yes

We need to discuss this

Have you ever received a gross misconduct penalty during or following a game?

No

Yes

We need to discuss this

Have you ever been involved in a physical altercation with anyone before, during or after a game?

No

Yes

We need to discuss this

Do you agree or disagree with equal ice time for all players on your team?

Agree

Disagree

What is your personal opinion on this subject?

How would you discipline players for the following scenarios?

Disrespect towards the coaching staff:

Disrespect towards fellow team members:

Habitual lateness or absent from practices:

TWEED MINOR HOCKEY ASSOCIATION

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At what classification level did you compete last year?

If you have pre-selected team staff, at what level have they helped at before?

Manager Asst Coach Asst Coach Trainer

How important are practises and why?

What is your opinion on using A/P players?

Date of last Police Check

Is it on file with Tweed Minor Hockey?

I/we agree to abide by all Tweed Minor Hockey Association rules, bylaws, philosophies and guidelines. I/we further understand and agree the Head Coach bears ultimate responsibility for any and all team staff conduct or lack of performance in their duties. It is also understood that all signing parties are subject to discipline or suspension at the TMHA Board of Directors discretion. I/we agree to have a police criminal check done before being appointed as team staff.

Head Coach Signature _____ *Date* _____

Manager Signature _____ *Date* _____

Asst. Coach Signature _____ *Date* _____

Asst Coach Signature _____ *Date* _____

Trainer Signature _____ *Date* _____

TO BE FILLED OUT BY A AND B TEAM OFFICIALS

JOB PART - Coach as a Leader

STANDARDS:

Be a role model for your players in reference to appropriate behavior towards officials, other coaches, other players. (No reported penalties or complaints)

Demonstrate a sincere interest in helping athletes to maximize their potential.

JOB PART - Coach as a Teacher

STANDARDS:

Develop a seasonal plan.

Teach skills using understandable language.

Recognize that athletes differ in learning and readiness to learn. (Patience and perseverance.)

JOB PART- Organizer

STANDARDS:

Plan effectiveness practices. (Sample of practice plans to be included in seasonal plan.)

JOB PART-Risk Management (Safety)

STANDARDS:

Review safety action plan for team with trainer. (File with Association)

Ensure that all ice and dressing room activities & practice have supervision.

Monitor rehabilitation of injured athletes and medical clearance to return to play.

REFERENCES

(List three references)

Name: _____

Relationship: _____

Address: _____ City/Town: _____

Postal Code: _____ Phone: Res: _____ Bus: _____

Name: _____

Relationship: _____

Address: _____ City/Town: _____

Postal Code: _____ Phone: Res: _____ Bus: _____

Name: _____

Relationship: _____

Address: _____ City/Town: _____

Postal Code: _____ Phone: (Res) _____ (Bus) _____

This section to be completed by Stirling Minor Hockey Association

REFERENCE CHECK DONE BY: _____

DATE: _____

COMMENTS:

Authorization for collection of personal information

I, _____, authorize Tweed Minor Hockey Association to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Signature

Day/Month/Year