**Name of Applicant Phone \_ Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code**--------



**Work Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_** (for emergency calls only)

|  |  |  |
| --- | --- | --- |
| Iwish 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  Ifyou 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 |

|  |
| --- |
| What is your NCCP Coach Level?  Year Obtained Certification Number Expiry Date |
| Briefly describe your coaching philosophy ex(what is your job as a coach?) |
| Describe what knowledge or skills you can teach these children to become a better team player?  - |
| What, in your opinion is a successful season? |
| What coaching resources will you be using for your season(books, video or Internet, and what are they?) |

DD COACH APPLICATION

## 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:

DD COACH APPLICATION

## At what classification level did you compete last year?

Ifyou 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 responsiblity for any and all team staff conduct or lack ofperformance 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 Description**

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 Description**

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 Description**

**Organizer:**

**STANDARDS**

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

**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:

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Name:

Relationship:

Address: City/Town:

Postal Code: Phone: Res: Bus:

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Name:

Relationship:

Address: City/Town:

Postal Code: Phone: (Res) (Bus)

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This section to be completed by Tweed Minor Hockey Association

REFERENCE CHECK DONE BY:

DATE:

COMMENTS:

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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