

GUELPH MINOR HOCKEY ASSOCIATION SELECT

HEAD COACH, ASSISTANT COACH, and TRAINER APPLICATION FORM
DUE February 5, 2010

NAME _____ DATE _____
 ADDRESS _____ CITY _____
 _____ POSTAL _____
 BIRTHDATE _____
 TEL: (H) _____ (B) _____ (C) _____

Active EMAIL Address (communication will be via email mandatory address required)

Will you be a “non-parent” staff member on the team that you are applying: YES/NO?
 Do you have any children presently registered with Guelph Minor Hockey? YES/NO

If yes, please list their names, birth dates, present team they are on, assigned player #,
 position.

Note: Children whose parents will be a team official will be independently evaluated during the present
 season and next season's tryout times (spring or fall)

POSITION(S) APPLYING FOR: Place the proper marking in the division(s) interested in
 the matrix below. For Head Coach=HC, Assistant Coach=AC, Trainer = TR

2010-2011 DIVISION(s) and Positions I AM APPLYING FOR ARE AS FOLLOWS:

	Select
Novice (2002)	
Minor Atom (2001)	
Atom (2000)	
Minor Peewee (1999)	
Peewee (1998)	
Minor Bantam (1997)	
Bantam (1996)	
Minor Midget (1995)	
Midget (1993-94)	

If the position that you are applying for were not available would you be interested in coaching
 another level? Please identify what division:

HOCKEY CERTIFICATION IS MANDATORY FOR ALL TEAM OFFICIAL POSITIONS

Hockey Certifications must be in accordance to OMHA and GMHA's requirements.
 Please consult the GMHA Constitution and the OMHA Manual of Operations for
 guidance.

Note: the Prevention Services Certification is required for all positions.

Please identify your certifications:

National Coaches Certification Program (NCCP) Level: _____ Cert. No: _____

National Trainers Certification Program (NTCP) Certification No: _____

Prevention Services (PRS) Certification No: _____

Other clinics or other training programs (list):

1. _____
2. _____
3. _____

PREVIOUS EXPERIENCE: (list by most recent experience or attach a resume):

POSITION	DATES	DIVISION/ORGANIZATION
1.		
2.		
3.		

REFERENCES: please provide names of former coaches, conveners or directors (name, email and phone number) that we may contact.

1. _____
2. _____

DECLARATION:

Each season every candidate will be required to complete, attach, and sign (twice) a Police Check Form. Go to <http://www.guelphminorhockey.com/forms.cfm> to download the form. GMHA will coordinate and send the form to the local authorities. All personal information that is provided on this application and on any GMHA, forms will remain confidential, and treated accordingly.

We recommend that you familiarize yourself with the GMHA Bylaw. The GMHA Bylaw is updated yearly at our Annual General Meeting. An updated version can be found on our web site <http://www.guelphminorhockey.com/about.cfm>

I, the undersigned, have read and agree to abide by the G.M.H.A. By-Law if I were selected as a team official. I also agree to wherever possible always try to promote the playing of Hockey at its highest level. I will accept full responsibility for my actions while acting as a Team Official of the Guelph Minor Hockey Association.

Signature: _____ Date _____

You will receive confirmation by email when your application has been received.

With your application, please submit your coaching staff names (asst. coaches, trainer, and managers) and their particulars and or credentials, if known.

Along with this application, you may submit a yearly plan, outlining objectives, goals, and coaching strategies for the team you are applying.

Please forward your completed application in a sealed envelope to:

Select Coaches Selection Committee

Guelph Minor Hockey Association

C11 – 100 Crimea Street

Guelph, ON

N1H 2Y6

Tel: (519) 824-5910

Fax: (519) 824-6273

If you have any questions please do not hesitate to contact

applications@guelphminorhockey.com

Thank you.

*******MANDATORY*******

(If the information below is not provided the application will be considered void)

Please list the members of your Coaching Staff Below and anyone else that will have team responsibilities. Identify with an asterisk if these people will have a child on your team.

Assistant Coach _____

Assistant Coach _____

Manager(s) _____

Trainer _____

Others _____