

HEAD COACH APPLICATION - House League and LTPD Programs

Waterloo Girl's Minor Hockey Association

PERSONAL INFORMATION

| | | | |
|------------------------------|--|--|--|
| Name | | | |
| Address | | | |
| Email Address | | | |
| Phone # | | Secondary Phone # | |
| Coach/NCCP ID* | | *Note: Hockey ID is an optional field; it allows the organization to verify credentials and add applicant to the WGMHA eHockey account (Hockey Canada) | |
| Date of Birth* (dd/mm/yy) | | *Note: Date Of Birth is an optional field; it allows the organization to verify credentials and add applicant to the WGMHA eHockey account (Hockey Canada) | |

TEAM REQUEST - Additional line for adding DS or to apply for 2 different teams (you may only Head Coach for 1 HL team or HL + DS).

| Year (click cell & select) | Division Requested (click cell & select) | Level Requested (click cell & select) *if run | Will you have a daughter playing for this team? (provide name and previous team in box below) |
|-------------------------------|---|--|--|
| | | | |
| | | | |

PROPOSED STAFF (Team 1) - You may enter up to 5 staff at the time of application and at least 1 must be female. Enter 4 if you do not have a female as one will have to be added. More staff may be added after teams are formed. It is recommended to have a female Trainer, if possible. The Head Coach cannot also be the only Trainer. Leave blank for DS only application.

| Role | Name | Female? | Will staff have a daughter playing for this team? (provide name and previous team in box below) |
|------------|------|---------|--|
| Head Coach | | | |
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COMMITMENT

Have you had any involvement with the Police or any other authorities that would reflect on your suitability to coach?
(click on cell in next box, select from dropdown). If Yes, please explain in box below.

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As part of this application process and in the event that I am a successful applicant:

1. I will read and uphold the WGMHA Codes of Conduct, Constitution, and Bylaws.
2. I will attend a minimum of 75% of the coach mentorship sessions offered by the WGMHA.
3. I will comply with all rules and regulations of the WGMHA and all governing bodies.
4. I will undergo a Police Vulnerable Sector Check (VSS).
5. I confirm to the best of my knowledge that there are no outstanding warrants, convictions, or other negative police contact that would make me unsuitable for this position.
6. I will upgrade my coaching qualifications as required.
7. I understand that the Coaches Selection Committee (CSC) may contact other members of the WGMHA, my references, and other associations concerning this application.

I agree to the Terms & Conditions stated above:

| | | | |
|------|--|------|--|
| Name | | Date | |
|------|--|------|--|

| PRIOR COACHING EXPERIENCE | | | | |
|---------------------------|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

[illegible]

HOCKEY EXPERIENCE (please describe your hockey experience in the box below)

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| CERTIFICATIONS COMPLETED | | | | | |
|---------------------------------|--|--|--|--|--|
| | | | | | |

| # | Certification (click on cell, select from dropdown) | Certification # (if applicable) | Certification Date (if applicable, dd/mmm/yy) | Comments/Additional Info |
|---|--|------------------------------------|--|--------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Coaching Certification Notes *

Please see the 'Certification Standards' tab on this form to review certification requirements based on division, level, and position as well as expiry information

Coaching applicants can review their NCCP credentials, including expiry dates, at the following link (need NCCP# to access): [Coaching Association of Canada](#)

Coaching Association of Canada

Other Qualifications (eg: first aid) →

REFERENCES - Required for new coaches only. May leave blank for returning coaches.

Please provide three (3) references (excluding persons on your proposed staff) who would be able to comment on your experience, qualifications, and character.

| Name | Address | City | Phone | Email |
|------|---------|------|-------|-------|
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Please email completed application to the Coaching Selection Committee at csc@waterlooravens.com

