REPRESENTATIVE HEAD COACH APPLICATION

Waterloo Girl's Minor Hockey Association



PERSONAL INFO	RMATION						
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*		*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)					
	Additional line formulation would	and a series of a literal Con-	and four I Days do your				
Year		er team. You may only Head Cod		or playing for this to am?			
(click cell & select)	Division Requested (click cell & select)	Level Requested (click cell & select)		er playing for this team? vious team in box below)			
COACHING PHI	LOSOPHY - You may enter	you Coaching Philosophy here	or attach to your application	n package.			
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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				

PROPOSED Non-PARENT STAFF - You may only list staff of non-parents prior to team formation. If no staff, please leave as is.							
Role	Name	Comments about the staff member (optional).					
PRIOR COACHII	NG EXPERIENCE						
Year (most recent to oldest)	Association	Division/Level (eg: Bantam BB)	Position(s) (eg: Head Coach)	Comments/Additional Info			
		(eg. banam bb)	(eg. neda esaen)				
HOCKEY EXPERI	ENCE (please describe your	hockey experience in the box	(below)				
CERTIFICATIONS COMPLETED							
#	Certification	Certification #	Certification Date	Comments/Additional Info			
1	n cell, select from dropdown)	(if applicable)	(if applicable, dd/mmm/yy)	·			
2							
3							
4							
5							
Coaching Certificat							
	ition Standards' tab on this form to re an review their NCCP credentials, inc			well as expiry information Coaching Association of Canada			
Other Qualifi	cations (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			

 $Please\ email\ completed\ application\ and\ other\ attachments\ to\ the\ Coaching\ Selection\ Committee\ at\ csc@waterlooravens.com$

