

HEAD COACH APPLICATION - Development Stream

Waterloo Girl's Minor Hockey Association

PERSONAL INFORMATION

Name			
Address			
Email Address			
Phone #		Secondary Phone #	
Coach/NCCP ID*	*Note: Hockey ID is issued when you have completed a coaching certification. You can find past certifications by opening an account in coach.ca		
Date of Birth* (dd/mmm/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 <small>(click cell & select)</small>	Division Requested <small>(click cell & select)</small>	Level	Will you have a daughter playing for this team? <small>(provide name and previous team in box below)</small>
		Development Stream (DS)	

DS STAFF - Only non-parent staff may be entered. Additional staff from parents can only be added after team selection. Staff under 18 need to be >2 years older than the age group. Ea. U15 Raven player cannot help at U13 but can help at U11.

Role <small>(Asst, Trainer etc)</small>	Name	Female?	If new to WGMA, please add a note and age*.

COMMITMENT

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, OWHA 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.
8. I will read and uphold the OWHA DS Rules.
9. I will work with all House League teams in the division fairly, making the DS team available to all players in the HL division.
10. I will conduct tryouts fairly, without bias, and use staff that are not in conflict with players trying out.

I agree to the Terms & Conditions stated above:

Name		Date	
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PRIOR COACHING EXPERIENCE

Year (most recent to oldest)	Association	Division/Level (eg: U11 HL)	Position(s) (eg: Head Coach)	Comments/Additional Info

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

CERTIFICATIONS COMPLETED - Required for new coaches only. Recent WGHA staff have credentials on file with the OWHA.

#	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](#)

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

Please email completed application to the Coaching Selection Committee at csc@waterlooravens.com

