



**NIAGARA FALLS MINOR HOCKEY ASSOCIATION
COACHING APPLICATION
2012 – 2013 SEASON**

CONTACT INFORMATION

Name: _____

Address: _____

Home Phone: _____ Bus Phone: _____

Email Address: _____ Cell Phone: _____

TEAM SELECTION

1st Choice: _____

2nd Choice: _____

If your choices are not available, would you be willing to coach another team? (circle one) Yes No

Do you have a son/daughter at this age? Yes No Please indicate their team assignment for the 2011 & 2012 Season. AAA A HL

COACHING/TRAINERS CERTIFICATION *(Please fill out all applicable areas)*

Coaches/Trainers	Yes or No	Year Attained	Date of Expiry
CHIP			
Coach Stream			
Development 1			
Development 2 or Advanced			
Trainers Level			
First Aid			
Prevention Services/Respect In Sport			

All Representative coaches/trainers must be fully certified by August 1st of the current season.
All House League coaches/trainers must be fully certified by September 1st of the current season.

EXPERIENCE: *Please list your past coaching experience*

Season: Association: Duties:

Season: Association: Duties:

Season: Association: Duties:

*** Please attach your personal resume, reflecting your coaching experiences and any other information which is not detailed in this application (i.e. employment, playing experience, other interests etc.) Plus include detailed information on all members of your intended coaching staff. Coaching staff information must be included to be considered.



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Describe your coaching style.			
What are your strengths and weaknesses?			
What are your team initiatives, objectives, and goals?			
REFERENCES: Please list three references			
NAME	HOME #	BUS #	EMAIL
I, _____ authorize the Niagara Falls 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	

Applications must be received no later than Friday, February 17, 2012.

Interviews for Coach Applicants will be determined on an individual basis. Only those under consideration for a Coaching position will be contacted.

Please be aware that all Coaches, Assistant Coaches, Trainers, and Managers are required to supply a current Police Record Check.

Submit completed Coach Application and Resume in person to:

Niagara Falls Minor Hockey Association
4171 Fourth Ave, Gale Centre – Rink #3
or email us at nfmha@bellnet.ca

www.hockeyniagara.com