



COACHING APPLICATION

Deadline for submission: February 1, 2010

Please forward completed application to the NFMHA Business Office.

YOUR APPLICATION *WILL NOT* BE CONSIDERED UNLESS IT IS COMPLETED IN FULL AND SUBMITTED BEFORE THE DEADLINE.

**YOUR ENTIRE COACHING STAFF MUST BE SUBMITTED WITH THIS APPLICATION.
NO EXCEPTIONS.**

Name: _____ **Date of Birth** _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Phone:(Home) _____ **(Bus)** _____ **(Cell)** _____

Team Selection

First Selection: _____ **Second Selection:** _____
(Division and Category i.e. Novice AAA or Pee wee House League)

If these choices were not available, would you accept a different position?
Yes _____ **No** _____

OMHA Certification (FILL IN COMPLETELY)

	ATTAINED	EXPIRY
COACH		
CHIP		
Recreation Stream		
Development 1		
Development 2		
TRAINER		
Level 1		
Level 2		
PRS (Speak Out)		
Police Screening		

Past Experience

Team/Association

Category

Position

What is your coaching philosophy? (*attach additional sheets if necessary*)

COACHING RESUME

Please attach your personal resume, reflecting your coaching experiences.

List 3 Personal References that we may contact. (*no relatives please*)

Name

Address

Phone

Intended Coaching Staff information. Must be included to be considered.

Name and Position

Certification

Phone

What is the anticipated role of your assistants, manager, and trainers?

List some of your anticipated tournaments.

What would your team's initiatives, objectives, and goals be?

I understand that by completing a Coaching Application with Niagara Falls Minor Hockey Association does not ultimately guarantee me a coaching position within the Association.

I hereby certify that the above information to be true and correct.

Signature

Date
