



NIAGARA FALLS MINOR HOCKEY ASSOCIATION REPRESENTATIVE COACHING APPLICATION 2020-2021 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? (check one) ☐ Yes ☐ No If yes. Which team. _____

Do you have a son/daughter at this age? Yes No Please indicate their team assignment for the 2019 & 2020 Season. _____

CERTIFICATION (Please fill out all applicable areas)

Coaches/Trainers	Yes or No	Year Attained	Date of Expiry
Coach 1			
Coach 2			
Development 1			
High Performance			
Trainer			
Respect In Sports (Activity Leader)			
Gender & Expression			

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

HAVE YOU SUBMITTED A POLICE CHECK IN THE LAST 3 YEARS: YES: ☐ NO: ☐

EXPERIENCE: Please list your past coaching experience

Season: Association: Duties:

Season: Association: Duties:

Season: Association: Duties:

*** Please attach your 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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REPRESENTATIVE COACHING APPLICATION
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Describe your coaching style.

What are your strengths and weaknesses?

What are your team initiatives, objectives, and goals?

Please list your assistant coaches.

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 14th, 2020.

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 to:

Niagara Falls Minor Hockey Association
5152 Thorold Stone Road, Gale Centre – Rink #3
nfmha1@gmail.com
Fax Number: 905-354-2828