



**NIAGARA FALLS MINOR HOCKEY ASSOCIATION  
REPRESENTATIVE COACHING APPLICATION  
2021-2022 SEASON**

**CONTACT INFORMATION**

Name:

Address:

Phone:

Email Address:

**TEAM SELECTION**

1<sup>st</sup> Choice:

2<sup>nd</sup> Choice:

If your choices are not available, would you be willing to coach another team? Yes No If yes, which team. \_\_\_\_\_

Do you have a son/daughter at this age? Yes No \_\_\_\_\_

**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 Sport (Activity Leader)			N/A
Gender & Expression			N/A

**All Representative coaches/trainers must be fully certified by August 1<sup>st</sup> 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.**



**NIAGARA FALLS MINOR HOCKEY ASSOCIATION  
REPRESENTATIVE COACHING APPLICATION  
2021-2022 SEASON**

Describe your coaching style.		
What are your strengths and weaknesses?		
What are your team initiatives, objectives, and goals?		
Please list your assistant coaches.		
<b>REFERENCES:</b> Please list three references		
NAME	PHONE #	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.		
_____	_____	_____
<b>Signature</b>	<b>Day</b>	<b>Month</b> <b>Year</b>

**Applications must be received no later than Saturday, May 1<sup>st</sup>, 2021.**

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](mailto:nfmha1@gmail.com)