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| **NIAGARA FALLS MINOR HOCKEY ASSOCIATION**  **REPRESENTATIVE COACHING APPLICATION**  **2025-2026 SEASON** | | | |
| CONTACT INFORMATION | | | | |
| **Name:** | | | | |
| **Address:** | | | | |
| **Phone:** | | | | |
| **Email Address:** | | | | |
| TEAM SELECTION | | | | |
| **1st Choice:** | | | | |
| **2nd 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)*** | | | | |
| **Course** | | **Year Attained** | **Date of Expiry** | |
| **Coach 1** | |  |  | |
| **Coach 2** | |  |  | |
| **Development 1 (Trained)** | |  |  | |
| **Development 1 (Certified)** | |  |  | |
| **High Performance** | |  |  | |
| **RiS (Activity Leader)** | |  | **N/A** | |
| **Gender & Expression** | |  | **N/A** | |
| **All Representative bench staff must be fully certified by August 1st of the current season.** | | | | |
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| **Minimum Requirements: \*\*All bench staff must have RiS Activity Leader and Gender Identity & Expression\*\*** | | | | |
| **DIVISION** | **HEAD COACH** | **ASST COACH** | **TRAINER** | |
| **U9 and below** | **Coach 1 (no substitution)** | **Coach 1 (no substitution)** | **HTCP Level 1** | |
| **U10 and U11** | **Coach 2** | **Coach 2** | **HTCP Level 1** | |
| **U12-U18** | **D1 Certified** | **D1 Trained** | **HTCP Level 1** | |
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| **HAVE YOU UPLOADED A POLICE RECORD CHECK TO THE OHF PORTAL? YES: NO:** | | | | |
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| **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.) | | | | |

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| **Describe your coaching style.** | | |
| **What are your strengths and weaknesses?** | | |
| **What are your team initiatives, objectives, and goals?** | | |
| **Proposed Coaching & Support Staff (please indicate if non-parent):**  **Trainer:**  **Assistant Coach/Trainer:**  **Assistant Coach/Trainer:**  **Assistant Coach/Trainer:**  **The Head Coach will be responsible for picking their team staff subject to approval from the NFMHA Board. All team officials are required to complete Gender Identity , RIS, and other certifications as required by Hockey Canada.** | | |
| **REFERENCES: Please list three references** | | |
| **NAME** | **PHONE #** | **EMAIL** |
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| 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** | | |
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## Applications must be received no later than Friday, January 24th, 2025.

## Submit completed Coach Application and Resume to:

## **Niagara Falls Minor Hockey Association**

1. 5152 Thorold Stone Road, Gale Centre – Rink #3
2. [nfmha1@gmail.com](mailto:nfmha1@gmail.com)