

REP / AE COACHING APPLICATION 2010-2011



Please complete the attached application and either mail or deliver personally to:

Dale Collier, Coach Selection Committee
21 Caledonia Drive
Caledonia, Ontario
N3W 1H2

Completed applications must be received by Dale by March 7, 2010 @ 9:00pm. Applications that are received after that date **will not** be considered. Please note that all applicants names will be posted on the web site.

All coaches must have a minimum of Development 1 Certification and complete the Prevention Services Course. Coaches not having this minimum requirement will be required to obtain certification prior to the start of the season. **Please note the OMHA's deadline for renewal of expiring certifications is August 31st.** All credentials for the applicants will be carefully considered and a rating system will be used to make the final coach selection.

If you have any questions or require clarification regarding the content of this application, please feel free to contact Dale Collier at:

Home (905) 765-7225
Minor Hockey Office (905) 765-1447
email: dalecollier@sympatico.ca

Thank you.

C. D. M. H .A.

REP / AE COACHING APPLICATION

SECTION 1: CONTACT INFORMATION

Name of Applicant: _____
Phone: Home: _____
Work: _____

E-mail Address: _____

Home Address:
Number Street: _____
City: _____
Postal code: _____

SECTION 2: TEAM APPLICATION

I wish to apply as head coach for the following team: (please circle)

REP	NOVICE BANTAM	ATOM MIDGET	PEE WEE
A/E	ATOM MIDGET	PEE WEE	BANTAM

Would you be willing to coach a team that you did NOT apply for? (Circle) yes/no

If so please indicate which team(s): _____

SECTION 3: EXPERIENCE / QUALIFICATIONS

Please provide details of prior coaching positions held:

Year: _____ Association: _____

Position held and remarks:

Year: _____ Association: _____

Position held and remarks:

Year: _____ Association: _____

Position held and remarks:

What is your NCCP Coach Level? _____

Year Obtained: _____ Certification #: _____

Expiry Date: _____

Have you completed the Prevention Services Course?

Yes provide# _____ or No

Have you attended any formal upgrade / refresher courses related to hockey?

Yes or No If yes, please specify _____

Have you ever been dismissed or suspended by any minor sports organization?

Yes or No If yes, please specify _____

Have you ever received a Gross Misconduct/Match penalty during or following a minor hockey game, as a carded team official?

Yes or No If yes, please specify _____

Have you ever been involved in a physical altercation with anyone before/during/after a game?

Yes or No

SECTION 4: Coaching philosophy (use additional pages if required)

Why do you want to coach rep hockey?

Describe what knowledge or skills you are able to teach these children beyond, or in addition to, what was learned last season.

What, in your opinion, is a successful season?

What is your personal opinion on the subject of equal ice time?

When do you feel a player should be AP'ed?

How many try-out sessions and exhibition games do you need to choose your team?

How do you intend on informing players that do not make your team?

How many goaltenders do you feel you will select for your team?

How important is “shinny” or “scrimmage” to your lesson plan?

C.D.M.H.A realizes the importance of well-structured practice time. Pick 3 dates over the course of the upcoming season and briefly describe the main focus of each practice and rationale (attach additional sheets if required)

REFERENCES:

Name:	Home Number	Business Number
Please submit any references you would like considered.		

How would you discipline players in the following 4 scenarios?

1. Disrespect towards the coaching staff:

2. Disrespect towards fellow team members:

3. Habitual lateness or absence from practice:

4. Disrespect towards spectators or Game Officials:

How will you pick the captain and assistant captains on your team?

Pick them yourself All coaching staff picks them Players pick them by voting

How do you intend to convey team rules to the parents?

In writing Parent meeting(s) through manager Tell the kids verbally

Are you willing to participate in a coach mentorship program (coaches helping coaches)?

Yes, I am interested No

SECTION 5: Player capability

If you have a child on the team you are applying for, how would you rate their ability?

Below average skills

Average skills

Above average skills

At what classification level did your child compete last season?

None

House league

Rep / AE

Thank you for taking time to apply with Caledonia Minor Hockey, Good Luck!

Please read the following instructions:

I, _____ authorize Caledonia & District Minor Hockey Association (C.D.M.H.A.) to collect personal information appropriate to the position applied for concerning my academic, employment background and contact the references supplied. I further understand that all courses regarding Certification, are mandatory courses prescribed by the Ontario Minor Hockey Association (OMHA), and agree to obtain. **I agree to complete a Police Record Check from the Haldimand OPP service, as per CDMHA protocol prior to the teams first scheduled ice time.**

The C.D.M.H.A. Coaching Selection Committee will review this application. C.D.M.H.A. will maintain confidentially of all information associated with this application.

Signature: _____ Date: _____

Completion of this application in no way confirms that your application will be accepted. The C.D.M.H.A. Coaching Selection Committee may contact you for an interview. The C.D.M.H.A. Coaching Selection Committee will notify the successful candidates prior to the commencement of the hockey season.

I AGREE to all terms and conditions.

Name	Signature	Position applied for

ONLY APPLICATIONS RECEIVED BY 9:00pm March 7, 2010 will be considered