



Waterloo Minor Hockey Association

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REP. LEAGUE COACH AND STAFF APPLICATION 2015-2016 SEASON

PART I: The Applicant

If applying for the first time, each member of any proposed staff must complete an Application.

Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Fax: _____

Highest Coaching/Trainers Level attained: _____

What is the highest level of hockey you played? _____

Coaching Certification: Yes No Trainer's Certification: Yes No

Present Team: _____
(Position) (Centre) (Age Division) (Classification)

Previous Teams: _____ Year: _____

_____ Year: _____

_____ Year: _____

Part II: Age Division and Classification Preference

1. Age Division: _____ Classification: _____

2. Age Division: _____ Classification: _____

Names of Proposed Parent Staff (**)	Position	Coach/Trainer	Phone (Res.)	Phone (Bus.)
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(Only one other parent may be included as part of your application)

1. _____

Part II: Age Division and Classification Preference Continued

Names of Proposed Non-Parent Staff (**)	Position	Coach/Trainer	Phone (Res.)	Phone (Bus.)
1.				
2.				
3.				

(** For Head Coach applicants only)

If you are **not** applying for a Head Coach position, name the Head Coach on whose staff you wish to be placed: _____

If not selected for a preference, are you willing to be part of another staff? _____

For Parent applicants - Where did your child play last year ?

My Child - Age and Division: _____ Level: _____

My assistant's child- Age and Division: _____ Level: _____

Commitment

If I am a successful applicant:

1. I will attend coach mentorship sessions offered by WMHA .
2. In addition to games and assigned practices, I expect my team to be involved with the following activities:

3. I will provide fully completed season plans, practice plans, team budgets, and other materials in electronic format, as requested by WMHA for the coach's database.

Part III: Personal Information

Occupation:

Interest & Hobbies:

If you are applying for the first time or if you have been a coach or staff member for less than three (3) years and have not previously completed an Application, please provide three (3) references (**excluding** persons on your proposed staff) who would be able to comment on your experience, qualifications and character.

	Name	Address	Phone (Res.)	Phone (Bus.)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Have you had any involvement with the Police or any other authorities that would reflect on your suitability to coach? _____ If yes, explain:

Part IV:

I agree that if selected, I will: upgrade coach and/or trainer certifications as requested by WMHA; attend all coaches meetings; abide by the WMHA constitution; comply with all rules and regulations of WMHA and those of its controlling bodies; **undergo a Police Records Check as required**. I understand that the Rep League Coaches Selection Committee may contact other members of WMHA, my references and other associations concerning this application.

Please note that your application cannot be considered without an up to date Police Records Check. If you are a first time applicant or you have not updated your Police Records Check in the last two years please attach an updated copy with your application.

Signed: _____ Dated: _____

RETURN TO:

Waterloo Minor Hockey Association
Attention: Rep League Coaches Selection Committee

*Applicants should submit their application **by December 22, 2014**. Not all applicants will be interviewed. Interviews, if deemed necessary, will start in January 2015.*

Thank you for your interest and co-operation.