

## **Waterloo Minor Hockey Association**

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# REP. LEAGUE COACH AND STAFF APPLICATION 2018-2019 SEASON

#### **PART I: The Applicant**

| If applying for the firs               | t time, each    | member of any p    | roposed staff must o    | complete an l | Application.     |  |  |
|--|-----------------|--------------------|-------------------------|---------------|------------------|--|--|
| Name:                                  |                 |                    | Date of Birth:          |               |                  |  |  |
| Address:                               |                 |                    | Postal Code:            |               |                  |  |  |
| Home Phone:                            |                 |                    | Business Phone:         |               |                  |  |  |
| E-mail:                                |                 |                    | Fax:                    |               |                  |  |  |
| Highest Coaching/Train                 | ners Level atta | ained:             |                         |               |                  |  |  |
| What is the highest lev                | el of hockey y  | ou played?         |                         |               |                  |  |  |
| Coaching Certification:                | Yes             | No                 | Trainer's Certification | on: Yes       | No               |  |  |
| Present Team:(F                        | Position)       | (Centre)           | (Age Divi               | sion)         | (Classification) |  |  |
| Previous Teams:                        |                 |                    |                         |               | Year:            |  |  |
|  |                 |                    |                         |               | Year:            |  |  |
|  |                 |                    |                         |               | Year:            |  |  |
| Part II: Age Division                  | and Classific   | ation Preference   |                         |               |                  |  |  |
| 1. Age Division:                       |                 | Classification:    |                         |               |                  |  |  |
| 2. Age Division:                       |                 | Classification:    |                         |               |                  |  |  |
| Names of Proposed<br>Parent Staff (**) |                 | Position           | Coach/Trainer           | Phone (Res.   | ) Phone (Bus.)   |  |  |
| (Only one other parer                  | nt may be inc   | luded as part of y | our application)        |               |                  |  |  |
| 1.                                     |                 |                    |                         |               |                  |  |  |

### Part II: Age Division and Classification Preference Continued

|         | es of Proposed Parent Staff (**)  | Position            | Coach/Trainer | Phone (Res.)       | Phone (Bus.) |  |
|---------|---|---------------------|---------------|--------------------|--------------|--|
| 1.      |   |                     |               |                    |              |  |
| 2.      |   |                     |               |                    |              |  |
| 3.      |   |                     |               |                    |              |  |
| (** Fc  | or Head Coach applicants only   | ·)                  |               |                    |              |  |
| -       | are <b>not</b> applying for a Head (  |                     |               | on whose staff you | wish to be   |  |
|         | selected for a preference, are  |                     |               |                    |              |  |
| For P   | arent applicants - Where die  | d your child play l | ast year ?    |                    |              |  |
| My Cl   | hild - Age and Division:  |                     | Le            | vel:               |              |  |
| My as   | ssistant's child- Age and Divisi  | ion:                |               | Level:             | <u>-</u>     |  |
| Com     | <u>mitment</u>  |                     |               |                    |              |  |
| If I an | n a successful applicant:   |                     |               |                    |              |  |
| 1.      | I will attend coach mentors   | hip sessions offere | d by WMHA .   |                    |              |  |
| 2.      | In addition to games and assigned practices, I expect my team to be involved with t 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 Phone (Res.) (Bus.) 1. \_\_\_\_\_\_ 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 (Vulnerable Sector 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 (Vulnerable Sector 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 March 1st, 2018 Not all applicants will be interviewed.

Thank you for your interest and co-operation.