



# Waterloo Minor Hockey Association

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## REP. LEAGUE COACH AND STAFF APPLICATION 2019/2020 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.)
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1.

_____	_____	_____	_____	_____
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2.

_____	_____	_____	_____	_____
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3.

_____	_____	_____	_____	_____
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*(\*\* 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:

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Interest & Hobbies:

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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:

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### **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 January 31<sup>st</sup>, 2019***

*Not all applicants will be interviewed.*

Thank you for your interest and co-operation.