

Waterloo Minor Hockey Association

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REP. LEAGUE COACH AND STAFF APPLICATION 2017-2018 SEASON

PART I: The Applicant

If applying for the	first tin	ne, each	member of any pi	roposed staff must	complete a	n Applic	ation.		
Name:				Date of Birth:					
Address:				Postal Code:					
Home Phone:				Business Phone:					
E-mail:				Fax:					
Highest Coaching/T	rainers	Level atta	ained:						
What is the highest	level of	hockey y	ou played?						
Coaching Certificat	ion:	Yes	No	Trainer's Certificat	tion: Ye	s N	lo		
Present Team:(Position)		(Centre)	(Age Div	vision)	(Cla	ssification)			
Previous Teams:						Year:			
_						Year:			
_						Year:			
Part II: Age Divisi	on and	Classific	ation Preference						
1. Age Divisio	n:		Classification:						
2. Age Divisio	n:			Classification:					
Names of Proposed Parent Staff (**)	d		Position	Coach/Trainer	Phone (Re	es.)	Phone (Bus.)		
(Only one other pa	arent m	ay 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.								
(** Fo	r Head Coach applicants only	·)						
•	are not applying for a Head (•		on whose staff you	wish to be			
	selected for a preference, are							
For P	arent applicants - Where did	d your child play l	ast year ?					
My Cl	nild - Age and Division:		Lev	vel:				
My as	sistant's child- Age and Divisi	ion:		Level:	·			
<u>Comr</u>	<u>mitment</u>							
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 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.

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. ______ 2. ______ ____ _____ 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 for AA should submit their application by February 20th, 2017. Applicants for MD should submit their application by March 7th, 2017.

Not all applicants will be interviewed. Interviews, if deemed necessary, will start shortly after the application deadlines.

Thank you for your interest and co-operation.

Part III: Personal Information