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* Please ensure you review this document now and your completed application very carefully and in detail.
* The application form MUST be completed in its entirety. All sections must be completed in a neat and orderly manner. Applications not completed properly will NOT be considered.
* Make sure you attach your hockey resume and police check (if not on file @ SCMHA) with your application.
* As a possible coach, the expectation is that though you are responsible for one team, you are first responsible to the association. These are outlined on the final page of the application.
* **Completed applications must be submitted to the acting Technical Director and Rep Director via email OR 2 copies in a sealed envelope into the Technical Director’s mail slot at Stoney Creek Arena by January 29th, 2016, 6:00 pm. No Exceptions.**
* You will receive email acknowledging application receipt from the acting Technical Director on Sunday January 31st 2016.
* Interviews will be conducted in the middle of February .
* Interviews will only be conducted where deemed necessary by the acting Technical and Rep Committees, in some cases the Technical and Rep committees are already aware of the coaching applicants coaching philosophy and style, interview would not be necessary.
* Having an in person interview, does not indicate whether a team will or will not be offered to any individual.
* Coaching announcements will be made after March break.
* AA tryouts commence after AAA complete and AE tryouts commence after AA tryouts complete (official dates TBD)
* For further information or any questions, please contact Eve Ivetac at [eveivetac@scmha.ca](mailto:eveivetac@scmha.ca) prior to the deadline.
* **Please ensure you signed your application.**

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| C:\Users\Nick\Pictures\warriors pic.png | STONEY CREEK MINOR HOCKEY ASSOCIATION 2016-2017  REP COACHES APPLICATION | C:\Users\Nick\Pictures\warriors pic.png |
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| \*\* SUBMITTAL FOR REP TEAMS DUE January 291th 2016 6:00PM, Application must be emailed to both:   1. Eve Ivetac, Technical Director at [eveivetac@scmha.ca](mailto:eveivetac@scmha.ca) 2. Steve Johnson, Rep Director at [stevejohnson@scmha.ca](mailto:stevejohnson@scmha.ca)   OR place 2 copies in a sealed envelope into the Technical Director’s mail slot at Stoney Creek arena, NO EXCEPTIONS  **The board of SCMHA thanks you for submitting an application but not all applicants will be granted interviews** |

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| Name: | | | | |
| Address: | | | | |
| Home Phone: | | Cell Phone: | | |
| Email Address: | | | | |
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| **TEAM SELECTION** | | | | |
| 1st Choice: | | | | |
| 2nd Choice: | | | | |
| If your choices are not available, would you be willing to coach another team? | | | | |
| Do you have a child that will be trying out for one of these teams? YES/NO  *If YES, which division is your child currently playing in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *If your child does not make the team will you still be willing to coach the team? YES/NO* | | | | |
|  | | | | |
| **COACHING CERTIFICATIONS (Please fill out all applicable areas)** | | | | |
| **Coaches Certification** | **Certification** | | **Year Attended** | **Date of Expiry** |
| Coach 1 |  | |  |  |
| Coach 2 |  | |  |  |
| Development 1 trained |  | |  |  |
| Development 1 Certified |  | |  |  |
| High Performance 1 certified |  | |  |  |
| Other (game day Clinics, etc…) |  | |  |  |
| Trainer level |  | |  |  |
| Respect In Sports-Activity leader (RIS, PRS, Speakout) |  | |  |  |
| Police Check on file @ SCMHA (if not please attach to application) |  | |  |  |
| PLEASE NOTE: All coaches must have or be prepared to complete/refresh appropriate clinics by August 31, 2016 | | | | |

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| **EXPERIENCE: Please list your past coaching experience** | | |
| Season: | Association: | Position: |
| Season: | Association: | Position: |
| Season: | Association: | Position: |
| ***Mandatory:***  ***Please attach your hockey resume, reflecting your coaching experience and any other information which is not detailed in this application (ie. Hockey playing and/or coaching experience, coaching philosophy, other interests, etc.) . Any additional information provided pertaining to the following would be appreciated.*** | | |

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| **3 REFERENCES: Someone who can attest to your personal character and coaching experience (who do not have a child on the team you are applying for).** | | |
| NAME | CONTACT # and EMAIL | RELATIONSHIP |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**Coaches Contract**

Should my application be accepted and approved by SCMHA:

1. I agree to commit myself faithfully and to meet the expectations of SCMHA, and it’s members has of it’s coaches to teach sportsmanship and fair play with all my players, I will be a good role model that all my players can look up to.
2. I will attend any rep meetings, the SCMHA Annual General Meeting, Volunteer Luncheon and Awards and any possible interviews needed.
3. I will have All rostered staff or possible on ice help submit a valid Vulnerable Sector Screening (Police Check) prior to being granted any position with any team in any role. Police checks are valid for 3 years and must be kept up to date by each individual. Please consult the SCMHA Parent Liaison for requirements, forms or any questions as listed on the SCMHA website.
4. All rostered staff will have all appropriate clinics and certifications by August 31th, 2016
5. I understand that applications are open for all divisions, however the final number of teams will depend on the number of players who register and this may eliminate some of my choices.
6. I understand that although I may be accepted as a head coach, I may be offered a team that was not of my choice if it is considered beneficial to the association.
7. I understand that as soon as the tryouts are complete, I will submit the names of my team staff to the Technical Director for approval from the Board of Directors.
8. I will actively support and ensure my players and parents also actively support any association fundraising activity, any association activities and any association meetings.
9. I agree to abide by all SCMHA bylaws as outlined on the SCMHA website.
10. I know that as a Rep Head Coach I am the liaison between the team and the association. All actions in regards to my team will reflect not only on the team but the association. If the actions are deemed to be negative, contrary to rules, policies or bylaws within the hockey associations or unlawful, I must always act in the best interest of the association in whole.
11. I will have provided in full all information as noted in the application to coach rep hockey at SCMHA.
12. I hereby acknowledge the authority of Hockey Canada, Ontario Minor Hockey Association, Tri County Hockey Association and the Stoney Creek Minor Hockey Association and agree to abide by all their rules, regulations, policies and by laws, where applicable.
13. By way of this application, I give permission to SCMHA to collect personal information regarding any information provided as part of this application.

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1. I understand that all information provided by both myself and the association is considered confidential. I will not share any information with others regarding my application/and or interview and any decision regarding my application.
2. I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position
3. I understand interviews are not mandatory.
4. I agree that my application is not part of a “consortium”. For purposes of this application, a “consortium” is defined as two or more individuals applying for the same team in order to monopolize the team and if one is successful, they appoint the other(s) applicant(s) as part of their staff.
5. I understand this application in full is now the property of SCMHA.
6. I understand that all information I have provided is to be considered to be true and I understand that submitting any false information may lead to the application becoming void or if my application is successful, it may result in immediate dismissal as a coach.
7. I understand that as a SCMHA rep coach I am a leader within the association and will represent the association to the best of my ability at all times.

**I understand and agree that if submitting the application electronically, it is my “electronic signature” in agreeing to all terms and conditions of the application, the same as a printed version with my signature.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**

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**Signature Date**

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