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| C:\Users\Nick\Pictures\warriors pic.png | GENERAL INFORMATION FOR APPLICATION | C:\Users\Nick\Pictures\warriors pic.png |

* Please ensure you review this document now and your completed application very carefully.
* 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.
* As a possible coach, the expectation is that though you are responsible for one team, you are first responsible to the association.
* **Completed Applications should be submitted to the Technical committee (Steve Johnson) and the Rep director (Frank Mercuri) via email OR 2 copies in a sealed envelope into the Rep Director’s mail slot at Valley Park Arena. Deadline for submissions is at the discretion of the Rep director’s and Technical committees however February 2nd 2018 they will begin to look at applications.**
* You will receive an email acknowledging application receipt from the technical committee once received.
* Interviews will be conducted in February .
* Interviews will only be conducted where deemed necessary by the acting Technical and Rep Committee, 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.
* 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 Frank Mercuri at [frankmercuri22@gmail.com](mailto:frankmercuri22@gmail.com)
* **Please ensure you signed your application.**

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| C:\Users\Nick\Pictures\warriors pic.png | STONEY CREEK MINOR HOCKEY ASSOCIATION 2018-2019  REP COACHES APPLICATION | C:\Users\Nick\Pictures\warriors pic.png |
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| Applications should be submitted via email as soon as you have completed them:  1. Frank Mercuri, Rep Director at frankmercuri22@gmail.com  2. Steve Johnson, President at stevejohnson@scmha.ca  OR place 2 copies in a sealed envelope into the rep director’s mail slot at Valley Park arena  **The board of SCMHA thanks you for submitting an application but not all applicants will be granted interviews** | | | | |
| Name: | | | | |
| Address: | | | | |
| Home Phone: | | Cell Phone: | | |
| **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, 2018 | | | | |

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| **EXPERIENCE: Please list your past coaching experience** | | | | |
| Season: | Association: | | Position: | |
| Season: | Association: | | Position: | |
| Season: | Association: | | Position: | |
| **2 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. | |  | |  |

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**Signature Date**