**SUDBURY MINOR HOCKEY ASSOCIATION**

**AA A HL SMHA Coaching Application**

Interviews will not be granted without a Head Coach and Manager listed below

Head Coach and Manager must be present at interview

|  |  |
| --- | --- |
| **Division:**  **Initiation Tyke Novice Atom**  **Peewee Bantam Minor Midget Midget** | **Level**  **Minor Major**  **AA A HL** |
| **NOTE:** Submit application via e-mail to: [smha@sudburyminorhockey.ca](mailto:smha@sudburyminorhockey.ca)  **OR in person to: SMHA Office, Minnow Lake Place (2nd floor), 1127 Bancroft Drive, Sudbury ON P3B 1R6**  **IMPORTANT: Applications must be RECEIVED no later than March 26, 2019 at 4:00 pm** | |
|  | |

**Manager**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATIONS**

Coach:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year attained\_\_\_\_\_\_\_\_

Speak Out:\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Attained\_\_\_\_\_\_\_\_

Police Check Issue Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year Attained \_\_\_\_\_\_\_\_

Body Checking\_\_\_\_\_\_\_\_\_\_ Year Attained \_\_\_\_\_\_\_

Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Attained \_\_\_\_\_\_\_

**Head Coach**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATIONS**

Coach:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year attained\_\_\_\_\_\_\_\_

Speak Out:\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Attained\_\_\_\_\_\_\_\_

Police Check Issue Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year Attained \_\_\_\_\_\_\_\_

Body Checking\_\_\_\_\_\_\_\_\_\_ Year Attained \_\_\_\_\_\_\_

Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Attained \_\_\_\_\_\_\_

**Coaching Experience (Last 3 Years Only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Team** | **Category** | **Position** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Additional Staff**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Phone Number** | **Email Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What are your anticipated local and out of town tournaments?

What is your anticipated season budget? (Please bring copy to interview)

This application must be signed and completed in all areas. Failure to do so could result in the application not being considered.

* Prior to selection, you will require an interview.
* All teams are responsible for having a certified trainer with current N.O.H.A. certification and proper accreditation of all staff.
* Managers and Coaches are responsible for team personnel, players and parents’ behavior
* All team staff, players and parents must adhere to the [NOHA Code of Conduct](http://media.wix.com/ugd/19e5e5_02bd757e474542b3a235239f13443c9c.pdf) .

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Head Coach Signature Date Manager Signature

**Submit this application via e-mail to:** [**smha@sudburyminorhockey.ca**](mailto:smha@sudburyminorhockey.ca)

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