

2017-2018

BMHA Select Coaching Application

Note: You must be rostered to a BMHA House League team for the 2017/18 season to hold a Select Head Coach position.

Deadline for the application is June 17, 2017.



Name:			
Address :		Postal Code:	
Cell Phone:			
Home Phone:			
Work Phone:			
Email:			

Division you would like to coach: Tyke Atom

Certification/Training:

	Level/Year Completed	Certification No.
Intro to Coach/Initiation		
Development 1		
Development 2		
Speak Out		
Safety		

Hockey Coaching Experience:

(List in order, starting with the most recent)

[illegible]

Coach References:

1. All **RETURNING** coaches shall provide a minimum three references from a roster player's parent/guardian, from the prior hockey season (cannot include manager, trainer, on-ice assistants and assistant coaches).
2. All **NEW** coach applications shall provide **minimum three references** that BMHA coach selection committee can contact for a **NEW coach performance/review reference**

Name	Home Number	Cell Number	Relationship

Briefly describe your coaching philosophy:

Date	Description	Amount	Balance
	Opening Balance		
1/1/2020	Deposit	100.00	100.00
1/15/2020	Withdrawal	25.00	75.00
2/1/2020	Deposit	50.00	125.00
2/15/2020	Withdrawal	15.00	110.00
3/1/2020	Deposit	75.00	185.00
3/15/2020	Withdrawal	30.00	155.00
3/31/2020	Closing Balance		155.00

Briefly describe your season plan:

Please indicate your goals for the team, your thoughts on rules and discipline and overall player development philosophy as well as any other pertinent information.

Sample Practice Plan (on a separate attachment to this application)

Please prepare a sample 50 minute practice plan (age appropriate) for the team you are applying for. If you are applying for teams in different age groups, prepare a sample plan for each of the age groups.

Please check the appropriate response.

Do you have a child registered with BMHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
If a coaching position were not available in the age group of your choice, would you be willing to coach in another division? (if yes, which division? <input type="text"/>)	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Are you certified for the level for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
If you are not certified at the required level, are you willing to take a course to attain the required level	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Have you submitted a Criminal Record Check to BMHA in the last 3 seasons if so when? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Are you currently active as a volunteer with BMHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
If yes, in what capacity? <input type="text"/>		

Declaration:

I hereby authorize Barrie Minor Hockey Association (BMHA) to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements. Should I be selected, I further agree to abide by the Constitutions, Bylaws and Policies of the BMHA.

I agree to provide a volunteer criminal record check to BMHA and I understand that I may be removed as a team official if the criminal record check is not completed satisfactorily and received in the office by September 1st of the current hockey season.

Signature of Applicant

Date

Submit Application to : hlselect@barrieminorhockey.net