



Barrie Minor Hockey Coaching Application

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

Division you would like to coach: AE A AA

Tyke	Junior Colts
Novice	
M. Atom	Atom
M. Pee Wee	Pee Wee
M. Bantam	Bantam
M Midget	Midget

Certification/Training:

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

Hockey Coaching Experience:

(List in order, starting with the most recent)

Year	Level + (HL, Select, AE, A, AA or AAA)	Association	Role/Responsibility

Coach References:

1. All RETURNING coaches shall provide a minimum three references from a roster player’s parent/guardian, from the present 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:

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 Development Plan (on a separate attachment to this application):

Please prepare a sample development 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 the 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 satisfactorily completed and received in the office by August 1st of the current hockey season.

I agree to attend a four hour mandatory hockey skill development workshop program hosted by BMHA and to follow the coach mentorship model as laid out by BMHA

Signature of Applicant

Date

All applications should be HANDED DELIVERED to the BMHA office at 93 Bellfarm Road, Barrie, Ontario.

Please ensure envelope is sealed with COACH APPLICATION labelled on the front.

Terry Hoffman

BMHA

Director of REP