



HEAD COACHING APPLICATION - 'A' HOCKEY

This form is to be completed by every current and prospective coach and returned to the Director of 'A' Hockey either by email gtgray@mts.net or mail to **TMHA PO Box 62077 Wpg, MB. R2C 0C0.**

Applicant's Name: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Email address: _____

Which 'A' hockey team are you applying for? (Ex. 9A1, 14A3)

First Choice _____

Second Choice _____

Third Choice _____

Do you have a child on the team you are applying to coach?: Yes _____ No _____

Are you willing to coach if your son or daughter is not on the team? Yes _____ No _____

Coaching Certificates: _____ Year Obtained: _____

_____ Year Obtained: _____

_____ Year Obtained: _____

_____ Year Obtained: _____

_____ Year Obtained: _____

Are you willing to obtain additional training if required? Yes _____ No _____

(If you don't apply for additional training as set forth by the Team Officials Conduct Director of TMHA, and WMHA final dates for certification your coaching privileges will be suspended for the season. **NO EXCEPTIONS**)

What teams have you been associated within the past five years and in what capacity?

Year _____ Team _____ Capacity _____

Year _____ Team _____ Capacity _____

Year _____ Team _____ Capacity _____

Year _____ Team _____ Capacity _____

Year _____ Team _____ Capacity _____

Please give your reasons for wanting to coach, your coaching philosophy, and your idea of a successful season. (please attach a separate page if necessary)

What have been your significant accomplishments as a Head Coach/Assistant Coach for the teams you have coached?

Please provide specific examples of how you have or would promote fair play among your players, parents opponents and officials.

Please provide any additional comments you feel support your application.

Terms and Conditions

1. Acceptance of this application may be subject to an investigation through the Child Abuse Registry to be handled by your corresponding community club.
2. Acceptance of this application may be subject to a criminal record search.
3. Acceptance of this application will be subject to a mandatory Coach's Evaluation by all parents at the end of the hockey season.
4. Acceptance of this application must be able to obtain proper coach's certification by date set out by Hockey Manitoba.

DATED this _____ day of _____

Signature: _____

Please submit this application along with **three character references** including names, addresses, and phone numbers. References should be "**non family members**" and no letters please, the Team Officials Conduct Director will call the persons listed if so need be.

