



Martensville Minor Hockey Association
P.O. Box 909
Martensville, Saskatchewan
S0K 2T0
mmha@sasktel.net
http://www.martensville.ca/minor_hockey

Application to Coach

NAME: _____
 ADDRESS: _____
 _____ POSTAL CODE: _____
 PHONE: Home: _____ Work: _____ Cell: _____

Application for position: Head Coach ___ Assistant Coach ___

Application for age: Initiation ___ Novice ___ Atom ___
Specify Tier if Applicable: PeeWee ___ Bantam ___ Midget ___

Current Coaching Certification Level: _____ NCCP #: _____

Other Coaching Clinics: Speak Out ___ Body Check ___ Safety ___ Other: _____

Coaches are required by SHA to have the appropriate coaching certification. For Tier 1, the minimum coaching level is Intermediate.

Are you able to upgrade your coaching certification if required ? Yes ___ No ___

COACHING EXPERIENCE

Year	Team/Association	Level	HC/AC

OTHER RELEVANT COACHING EXPERIENCE

Year	Team/Association	Level	HC/AC

The expectation for Tier 1 is a minimum of 3 ice times per week.

Do you have any obligation that may restrict the amount of time you can allot to coaching ? (Answering Yes to this question does not disqualify applicants).

Why are you applying for this position ?

Do you have experience in OFF ICE development ? Do you consider this a coach's responsibility ?

Will you set goals for the team, yourself, the players ? Outline briefly.

Do you have family members at this level of hockey ? Note age and level played in previous season ?

References: Please include Coordinator or Commissioner from last team coached.

Commissioner Name: _____ Phone: _____

Other Name: _____ Phone: _____

Other Name: _____ Phone: _____

Other Name: _____ Phone: _____

For Tier 1 applications only, attach a roster from the last team coached, including player names and phone numbers.

I hereby authorize the Police to make such investigation of their records, or such other investigation as may be deemed appropriate, and on the basis of such, investigators to indicate the approval or disapproval of this application. Such investigation will be ongoing. Criminal records will not be released to any person.

Final decision for approval of this application rests with the MMHA Coaches Selection Committee and I agree that the information on this application can be shared with the MMHA Coaches Selection Committee.

Date: _____ Signature: _____

NOTE: All team officials are required to attend a zone meeting and clinic at the beginning of the season.

Police Use Only:

___ A search of police records failed to disclose any adverse information related to the application based on the information supplied.

___ A search of police records indicated adverse information related to the application based on the information supplied.