

# REP / AE COACHING APPLICATION

2009 – 2010



Completed applications are to be submitted via email to the GMHA.

**ATTN: Liz Guitard**  
**Secretary**

**PO Box 18,**  
**Mount Hope, ON L0R 1W0**  
**secgmha@cogeco.ca**

**Deadline for Submission: 5:30pm Nov 17th, 2009**

Applications received after that date **will not** be considered.

Applicants will be required to attend an interview.

All coaches must have a minimum of Development 1 Certification and have completed the Prevention Services Course. Coaches not having this minimum requirement will be required to obtain certification **prior** to the start of the season.

**NOTE:**

**OMHA's deadline for renewal of expiring certifications is August 31<sup>st</sup>.**

<b>SECTION 1: CONTACT INFORMATION</b>	
APPLICANT NAME	
HOME PHONE #	
WORK PHONE #	
EMAIL ADDRESS	
STREET ADDRESS	
CITY	
POSTAL CODE	

<b>SECTION 2: TEAM APPLICATION</b>			
<b>I wish to apply as Head Coach for the following team: ( please circle)</b>			
<b>REP</b>	NOVICE	ATOM	PEE WEE
	BANTAM	MIDGET	JUVENILE
<b>AE</b>	ATOM	PEE WEE	
	BANTAM	MIDGET	

**Would you be willing to coach a team that you did NOT apply for? (please circle)**

YES      NO

**Are you applying on your own or as a group? Choose one:**

On my own       Has coaching staff members prearranged\*

\* if you have prearranged coaching staff members, please list their names and positions you will be recommending them for:

NAME OF STAFF	RECOMMENDED POSITION

**NOTE:** All coaching staff members are subject to approval from GMHA.

### SECTION 3: EXPERIENCE / QUALIFICATIONS

YEAR	
ASSOCIATION	
POSITION HELD	
COMMENTS	

YEAR	
ASSOCIATION	
POSITION HELD	
COMMENTS	

YEAR	
ASSOCIATION	
POSITION HELD	
COMMENTS	

<b>NCCP COACH LEVEL</b>	
YEAR OBTAINED	
CERTIFICATION #	
EXPIRY DATE	
<b>PREVENTION SERVICES COURSE</b>	Completed?                      YES                      NO
PRS #	

<b>Have you attended any formal upgrade/refresher courses related to hockey?</b>	YES      NO
If yes, please specify:	
<b>Have you ever been dismissed or suspended by any minor sports organizations?</b>	YES      NO
If yes, please specify:	
<b>Have you ever received a Gross Misconduct/Match Penalty, during or following a minor hockey game, as a carded official?</b>	YES      NO
If yes, please specify:	
<b>Have you ever been involved in a physical altercation with anyone before/during/after a game?</b>	YES      NO
If yes, please specify:	
<b>Have any of your proposed staff members been suspended, issued a Gross/Match Penalty, or been involved in a physical altercation during a minor sports game?</b>	YES      NO
If yes, please specify:	

**SECTION 4: COACHING PHILOSOPHY** (use additional pages if needed)

Why do you want to coach Rep hockey?

Describe what knowledge/skills you are able to teach these children beyond, or in addition to, what was learned last season.

In your opinion, what is a successful season?

What is your personal opinion on the subject of equal ice time?

When do you feel a player should be AP'd?

How do you intend on informing players that do not make your team?

How important is "shinny" or "scrimmage" to your lesson plan?

**How would you discipline players in the following 4 scenarios?**

Disrespect towards the coaching staff:

Disrespect towards fellow team members:

Habitual lateness or absence from practice:

Disrespect towards spectators or game officials:

**Please provide the following as attachments to this Head Coach Application:**

1. Annual Coach/Player development plan (skills &drills) for each.
  2. Annual team administration plan.  
(i.e. Tournaments, fundraisers, lotteries, off ice & professional training, etc.)
  3. Coaching philosophy with Respect to the Players/Parents and Staff Members.
- 

**How will you pick the Captain & Assistant Captains on your team?**

Pick them yourself

All coaching staff picks

Player pick by vote

**How do you intend to convey the team rules to the parents?**

In writing

Parent(s) Meeting through manager

Tell kids verbally

<b>REFERENCES:</b> Please submit any references you would like considered		
NAME	HOME PHONE #	WORK PHONE #

**If you have a child on the team you are applying for, how would you rate their ability?**

Below Average Skills       Average Skills       Above Average Skills

**At what classification did your child compete last season?**

None       House League       Rep / AE

<b>If you have pre-selected team staff, what level did their children play last year?</b>			
STAFF	NONE	HOUSE LEAGUE	REP / AE
ASST COACH			
ASST COACH			
TRAINER			
MANAGER			

I, \_\_\_\_\_, authorize GMHA to collect personal information appropriate to the position applied for concerning my academic, employment background and contact the references supplied. I further understand that all courses regarding Certification are mandatory courses prescribed by the Ontario Minor Hockey Association (OMHA), and agree to obtain. I agree to complete a Police Record Check from the Hamilton Police Dept prior to the team's first scheduled ice time.

GMHA will review this application and maintain confidentiality of all information associated with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_