



## COACHING APPLICATION FORM

Name: \_\_\_\_\_  
(Given Name) (Surname)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### Preferred Coaching Assignment

	<u>Tier 2</u>	<u>Tier 3</u>
Atom Development (not a "Rep" program) _____		
Pee Wee Rep _____	_____	_____
Bantam Rep _____	_____	_____
Midget Rep _____	_____	_____
Female Midget Rep _____	_____	

Recreation Teams (Please specify Male or Female and the division you are interested in coaching)

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**Certification/Training**

\* NCCP (National Coaching Certification Program)

	<b><u>Year Completed</u></b>	<b><u>Location</u></b>
Hybrid Program (formerly Introd. to Coaching/Coach Stream)	_____	_____
Dev 1 (Coach Level)	_____	_____
Dev 2 (High Performance)	_____	_____

\*coaches applying for rep teams must have/obtain Dev 1

\*all coaches must have/obtain Speak Out program

*NOTE: Please attach photocopies of your most recent coaching certification.*

\* Other Coaching Courses or Training Activities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Coaching Experience**

\* Hockey (list in order, starting with most recent)

<b><u>Year</u></b>	<b><u>Association and Team Name</u></b>	<b><u>Level</u></b>	<b><u>Position</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Other Sports

<b>Year</b>	<b>Sport</b>	<b>Association</b>	<b>Age Level</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Playing Experience (list in order, starting with most recent)

<b>Year</b>	<b>Association and Team Name</b>	<b>Level</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Coaching References**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

**Undertakings**

1. I hereby consent to the disclosure of the above information.
  
2. I hereby acknowledge the authority of the HC, BC Hockey, OMAHA and SAMHA and agree to carry out and abide by their constitutions, bylaws, rules and regulations.
  
3. I hereby acknowledge that I have read and understand the coaches role outlined in the “Coaches’ Code of Conduct” - refer to p. 38 of the SAMHA constitution on website.
  
4. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching minor hockey and ensure that I maintain the required level of certification.
  
5. By way of this application, I give permission to the Salmon Arm Minor Hockey Association to pursue a criminal record search on myself.

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

Please mail to S.A.M.H.A.  
P.O. Box 2323  
Salmon Arm, B.C.  
V1E 4R3

Attention: Coach Co-ordinator

Or drop off at S.A.M.H.A office mail drop box at the Sunwave Centre.