



GRAND VALLEY & DISTRICT MINOR HOCKEY ASSOCIATION COACHES SELECTION APPLICATION

2015-16

Please complete both sides of this application in full

Name: _____	DOB: _____
Address: _____	Home#: _____
City: _____ Code: _____	Work #: _____
Email: _____	Fax#: _____

POSITION APPLIED FOR

Head Coach: () Asst Coach: () Trainer: ()

TEAM SELECTION

1st Choice: _____ **2nd Choice:** _____
 (Category ie, Mite (IP), Tyke, Novice, Atom, Pee Wee, Bantam, Midget & **Specify Rep or Local League**)
 If these choices were not available, would you accept a different position?
 () Yes () No

NATIONAL COACHING CERTIFICATION (Please fill out all applicable areas)

NCCP Certification			Certification Number
CHIP	(Initiation Program)	()	Year Attained: _____ CHIP
Coach	(Coach or Development)	()	Year Attained: _____
Intermediate	(Development 2)	()	Year Attained: _____ INT
Advance		()	Year Attained: _____
Theory III		()	Year Attained: _____
Advanced II		()	Year Attained: _____
	Speak Out	()	Year Attained: _____ PRS
	(Harrasment & Abuse Clinic)		

TRAINERS CERTIFICATION

Level: _____ Year Attained: _____

HTCP Certification Number: _____ Expiry Date: _____

OFFICIATING CERTIFICATION

Level: _____ Year Attained: _____

CHOP Certification Number: _____ Expiry Date: _____

COACHING EXPERIENCE

Team/Association	Year	Playing Level	Position

What is your coaching philosophy? (attach extra sheet if necessary):

REFERENCES:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

CONDITIONS OF APPLICATION:

- 1 Applications are open for all divisions, however, I understand that it is predicated on registration which may eliminate one or more of my selections. I further understand that there is a possibility that I may be offered a team that was NOT one of my choices.
- 2 I agree to follow ALL the rules and regulations set forth by the association, the league, the OMHA and the CHA.
- 3 By signing this application, I agree to actively support and ensure my players also actively support any association activities during the season. (I.e. raffles, tournaments etc.)
- 4 I acknowledge that I must have or agree to successfully complete any required Certification courses, for the position applied, as mandated by the OMHA.
(These include coach, trainer & prevention services clinics)
- 5 According with OMHA guidelines all applicants must submit a completed Consent for Police Record Check before approval for a team position will be given.
- 6 In accordance with OMHA regulations, I agree to wear a helmet on the ice at all times. Further, I agree to ensure that on ice volunteers are also wearing helmets.
- 8 I understand that this application is only the beginning of the selection process and that I may be required to attend an interview before I am appointed a position.
- 7 By signing this application, I give permission to GVDMHA to contact the references I have provided.

I, the undersigned, have read and agree to abide by, the terms of this application, the GVDMHA General By-law, policies and all other governing bodies including the league, OMHA & Hockey Canada if selected as a Coach, Assistant Coach or Trainer within this Association.

Signature of Applicant: _____ **Date:** _____