



**GRAND VALLEY & DISTRICT MINOR HOCKEY ASSOCIATION  
COACHES SELECTION APPLICATION  
2018-19**

**Please complete both sides of this application in full**

<b>Name:</b> _____	<b>DOB:</b> _____
<b>Address:</b> _____	<b>Home#:</b> _____
<b>City:</b> _____ <b>Code:</b> _____	<b>Work #:</b> _____
<b>Email:</b> _____	<b>Fax#:</b> _____

**POSITION APPLIED FOR**

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

**TEAM SELECTION**

**1st Choice:**

**2nd Choice:**

(Category i.e., Preschool, Initiation Program, Tyke, Novice, Atom, Pee Wee, Bantam, Midget (All 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:** \_\_\_\_\_