



COACHING APPLICATION

Sackville Minor Hockey Association

GENERAL INFORMATION

Applicants Name:			
Position Applied For:	Head Coach	Assistant Coach	Manager
Address:			
Postal Code:			
Home Phone:		Cell Phone:	
E Mail:			

Team(s) Applying For: Indicate 1st, 2nd and 3rd choices: Competitive Parent coaches simply check division							
Team	Parent Coach <input checked="" type="checkbox"/>	AAA	AA	A	B	Rec "C"	Female
Minor Junior							
Midget							
Bantam							
Pewee							
Atom							
Novice				Adv	Int	Dev	

COACHING CERTIFICATIONS

Indicate highest level of coaching certification obtained:

COACH LEVEL: _____

NCCP#: _____

Date attained: _____

Other Coaching Certification(s) Completed (Circle):

Initiation
 Coach
 Development I
 Development II
 Hockey Canada Safety
 Hockey Canada Speak Out

Next desired coaching upgrade level: _____

Will you participate in upgrading sessions? (Circle) YES NO

What other certifications would you like to achieve?

I agree to complete all certifications required to coach my team's age division and level under Hockey Nova Scotia rules and any other certifications requested by the Sackville Minor Hockey Association by no later than December 1st of the season (SMHA requires all Head Coaches to complete the Hockey Canada Speak Out or Respect in Sports Coaches certification.) (Initial here) _____

COACHING / MANAGING EXPERIENCE

<i>Recent Coaching/Managing Experiences</i>			
Season	Team	Organization/Level	Role

<i>Coaching/Managing Aspirations</i>
Short Term Goals: _____ _____ _____
Long Term Goals: _____ _____ _____ _____

<i>Coaching / Managing Skills</i>
List 3 Coaching / Managing Skill Areas you consider your strengths: 1.) _____ 2.) _____ 3.) _____
List 3 Coaching / Managing Skill Areas you consider your weaknesses: 1.) _____ 2.) _____ 3.) _____

