

*SUBMITTAL FOR REP/MD TEAMS **DUE BY JANUARY 15, 2017** APPLICATIONS CAN BE DROPPED OFF AT MMHA OFFICE.
 ALL applications to: Trevor Nkiwane, VP REP or emailed to: vprep@miltonwinterhawks.com



MILTON WINTERHAWKS
REP and/or MD COACHING APPLICATION
2017 - 2018 Season



Name: _____

Address: _____

Home Phone: _____

Email Address: _____ Cell Phone: _____

TEAM SELECTION

1st Choice: _____

2nd Choice: _____

If your choices are not available, would you be willing to coach another team? _____

Do you have a child that will be trying out for one of these teams? YES / NO _____

If YES, which division is your child currently playing in? _____

COACHING/TRAINER CERTIFICATIONS (Please fill out all applicable areas)

Coaches/Trainers	Certification	Year Attended	Date of Expiry
Halton Police Check			
C.H.I.P			
Coach Level			
Intermediate			
Advanced			
Trainer Level			
First Aid			
Prevention Services			

PLEASE NOTE: All Coaches/Trainers must have or be prepared to complete appropriate clinics by August 31, 2012.

EXPERIENCE: Please list your past coaching experience

Season: _____ Association: _____ Position: _____

Season: _____ Association: _____ Position: _____

Season: _____ Association: _____ Position: _____

Please attach your hockey resume, reflecting your coaching experience and any other information which is not detailed in this application (ie. employment, hockey playing and/or coaching experience, other interests, etc.) Plus include (if known at this time) details on all members of your intended coaching staff. Any additional information provided pertaining to the following would be appreciated.

Please plan to bring along your "Road Map to Success" ie training plan with you at time of interview.

What is the anticipated role of your co-coaches, assistants, managers, and trainers?:

What are your thoughts on the Associated Players program?

What are your team initiatives, objectives and goals?:

REFERENCES: Please list three references ie. professional, parent, player etc.

NAME	CONTACT #	RELATIONSHIP

I _____ authorize Milton Minor Hockey Association to collect personal information appropriate to the position applied for concerning my hockey experience, academic background, employment history, and to verify my character.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

I understand and acknowledge that by signing this application I am agreeing to abide by all policies and procedures of the Milton Minor Hockey Association. I understand that non-compliance can lead to my removal as Head Coach.

Signature

Date

PLEASE NOTE: It is mandatory that all coaching staff complete the Respect in Sport Program (Activity Leader) and obtain a Police Record Check. A copy of a recent police Record Check (less than 3 years old), or receipt indicating that you have requested one, must accompany this application!

**** All Coaching Staff and Hired On-Ice Instructors must wear CSA Approved Helmets during all on-ice activities.**

**** Submitting an application does not guarantee you will get an interview.**