**Sydney Minor Hockey Association**

**Coaching Application**

• Serve as an official spokesperson on behalf of the team and responsible to the board of

Sydney Minor Hockey for team activities during the season.

• Coordinate the delegation of responsibilities to the Assistant Coach, Team Manager and

other team officials.

• Plan on-ice and off-ice team hockey activities in consultation with the Assistant Coach

and other Team Officials

• Coordinate player evaluation and player selection in conjunction with the Sydney Minor

Hockey Divisional Director (House or Rep)

• Plan, implement and control pre-game preparation and communication with your team

• Design the practice plans in consultation with the Assistant Coach

• Coach the Team in all games and practices

• Establish rules for the team and oversee the supervision of the players.

• Coordinate the implementation of the on-ice curriculum

• Report to the association through the Rep Director

• Ensure all team members uphold the rules and regulations of the CHA, HNS and Sydney

Minor Hockey

**QUALIFICATIONS**

• Hockey background in playing, coaching and evaluating, previous experience a strong

asset

• Strong interest and commitment to child/athlete development

• Ability to work with fellow coaching personnel

• Ability to communicate on-ice and off-ice requirements to players and parents.

• Availability as to time requirements

• Certified at the level indicated by CHA, HNS.

• Ability to work closely with the board of Sydney Minor Hockey and their representative

(Rep or House Director)

**SELECTION**

• Appointed via application by Sydney Minor Hockey Board of Directors.

Thanking you in advance for your input, Sydney Minor Hockey accepts it’s significant

responsibilities with respect to all members of our minor hockey association, especially

vulnerable ones, (the players), who participate in our programs. We recognize that some

of the positions in SMHA represent significant trust, people applying for these positions will

be subject to intensive and ongoing screening more so than individuals not in positions of

significant trust.

**Sydney Minor Hockey Association**

**Coaching Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applying for: COACH\_\_\_ ASSISTANT COACH \_\_\_

If you are applying as a coach, please name some possible Assistants:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Position Applying For:

Division AAA, AA, A, B, or C

U7 \_\_\_

U9 \_\_\_

U11 \_\_\_

U13 \_\_\_

U15 \_\_\_

U18 \_\_\_

If you are not successful in the position you are applying for, would you be interested in a

position with another SMHA team: YES \_\_\_ NO \_\_\_

COACHES INFORMATION SECTION

INDICATE HIGHEST LEVEL OF COACHING CERTIFICATE ATTAINED

LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ATTAINED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NCCP#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initiation Program Attained: YES \_\_\_ NO \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will You Be Participating In Upgrade Sessions: YES \_\_\_ NO\_\_\_

Trainer Certificate Attained: YES \_\_\_ NO \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Coaches will be required to complete a “Child Abuse Registry Form” and “Police Check.”

Previous Coaching Experience

Year(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or Team(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you have a child trying out for the team you have requested to coach?

YES \_\_\_ NO\_\_\_

References :

List 2 references we may contact (no relatives please)

Name Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applications must be received no later than August 15 to the following email address:

[smha@eastlink.ca](mailto:smha@eastlink.ca)

Sydney Minor Hockey Association

95 Maillard Street

Sydney NS, B1S 3W3

Membertou Wellness Center

I understand that completing a Coaching Application with Sydney Minor Hockey does not

ultimately guarantee me a coaching position with Sydney Minor Hockey and I understand that

interviews are granted at the discretion of the Coach Selection Committee.

I hereby certify the above information to be correct and authorize Sydney Minor Hockey

to verify the personal information, I have given as it pertains to the position I am applying for:

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**