

**Dresden Minor Hockey Association (DMHA)  
Application for Head Coach 2021-2022**

**Instructions:**

1. This form is to be used only to apply to be the **Head Coach** of a Local League or Representative team.
2. Please complete all sections of this form.
3. If you have not submitted a police volunteer check form in the past, one will be required prior to your selection as the Head Coach.
4. Mail to/or drop in the mailbox of Ian Avery 9898 McCreary Line Dresden, ON N0P 1M0 by **JUNE 1st/2021**

<b>Name:</b>	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
e-mail:	Cell Phone:

**1. Choose the Team (age) and Level (Local League or Representative)**

- U8 (2014) \*must have/get Coach 1- Intro to Coach  
 U9 (2013) \*must have/get Coach 1 – Intro to Coach  
 U11 (2011/2012)  
 U13 (2009/2010)  
 U15 (2007/2008)  
 U18 (2004/2005/2006)

a) State your:	First choice	Second choice	Third choice
<b>Team &amp; Level</b>			
<b>b) If you are not the successful coaching candidate will you help? Y or N</b>			

*If you will be coaching your own child (or a spouse or relative's child), please note:*

It is recommended that you choose to coach at a level where your child will be among the top 50% of the players on the team. This tends to maximize the experience for the child, and minimize the discontent that often surfaces when the child of the coach is near the bottom of the team's skill pool.

<b>c) Will you be coaching your own child (or a spouse or relative's child)? Yes or No</b>
<b>d) If yes, please provide the child's full name, and which team and level the child played last year.</b> Name: _____ Team: _____ Level: _____
<b>e) If your choice of level to coach is above the level your child played last year, please explain why you feel the child can play at a higher level:</b>   
<b>f) List names of assistants that may be part of your team (manager, assistant coach, trainer etc.)</b>   
<b>g) List the names of your assistants' children who may be on the team.</b>   


**Training:**

The OMHA as well as the DMHA requires that all Local League and Representative team Coaches have Hockey Canada National Coaches Certification Program (NCCP) certifications for the desired level. The cost of these training programs will be reimbursed upon presentation of proof of completion.

**\*ALL team officials must complete Respect in Sport AND the Gender Identity and Expression Course AND Rowan's Law**

<b>h) i) Do you have an NCCP certificate?</b>	<b>Yes</b>	<b>No</b>
<b>ii) If yes, at what level? Circle highest level:</b>	<b>Coach 1</b>	<b>Coach 2    Development 1    High Performance 1</b>
<b>iii) If yes, what is your NCCP number? Fill in here:</b>	<b>Expiry Date:</b>	
<b>i) If no, when are you planning to take the course?</b>		
<b>j) Do you have an HTCP trainer's certificate?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, what is your HTCP number?</b>	<b>Expiry Date:</b>	

**Experience:**

**a) Please specify your hockey coaching experience. Use a separate sheet if necessary.**

<b>Year</b>	<b>Hockey association</b>	<b>Position</b>	<b>Team</b>	<b>Level</b>

**b) Do you have any other experience or training that you may feel may be of value?**


**Choice of Coaches:**

The DMHA's purpose is to provide an environment that allows each player to develop to their fullest potential. Coach selection is critical to this goal. Coaches will be chosen by DMHA on a number of factors including, but not limited to; experience, training, certification, player needs, attitude, enthusiasm, philosophy, history and DMHA needs. An interview with the Coaching Selection Committee chaired by the DMHA vice-president will take place where required.

**Fair Play:**

**All members of a team's coaching staff must adhere to this fundamental principle and abide by all the regulations stipulated in the DMHA Fair Play agreement.**

**I HAVE READ AND AGREE TO ALL OF THE ABOVE:**

**Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**