

NORMAN REGIONAL MINOR HOCKEY ASSOCIATION

TEAM NORMAN 2009 / 2010

COACHING APPLICATION FORM

Manitoba Games 2010
(Female players born in 1993 and 1994)

NAME _____

ADDRESS _____

CITY/TOWN _____

POSTAL CODE _____ TELEPHONE _____ (RES.)

_____ (BUS.)

_____ (FAX) _____ (E-MAIL)

TEAM APPLIED FOR : Position _____

Positions Available- Please note that the team will be combined with the Parkland region for this program and coach duties will be determined. This application is an expression of interest for one of the following positions available.

Head Coach

Assistant Coach

Safety

Manager

PRESENT COACHING POSITION (If applicable)

TITLE _____
TEAM _____
CATEGORY _____
LEAGUE _____

NATIONAL COACHING CERTIFICATION PROGRAM

(Please fill out all areas that are applicable).

A. TECHNICAL/PRACTICAL CERTIFICATION

Coach Level (Level I) _____ Year Attained _____
Intermediate Level (Level II) _____ Year Attained _____
Advance Level (Level III) _____ Year Attained _____
Advance II Level (Level IV) _____ Year Attained _____

B. THEORY

Level I _____ Year Attained _____
Level II _____ Year Attained _____
Level III _____ Year Attained _____

INDIVIDUAL COACHING AWARDS

Year _____ Award _____
Year _____ Award _____
Year _____ Award _____
Year _____ Award _____

SEMINARS/SYMPOSIUMS ATTENDED

A. As a Participant

_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____

B. As an Instructor

_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____

IDENTIFY YOUR COACHING POSITION(S), TEAM(S) AND CATEGORY(S) THAT YOU HAVE BEEN INVOLVED WITH:

	POSITION	TEAM	CATEGORY
2009-10	_____	_____	_____
2008-09	_____	_____	_____
2007-08	_____	_____	_____
2006-07	_____	_____	_____
2005-06	_____	_____	_____
2004-05	_____	_____	_____

LIST YOUR CONTRIBUTIONS TO NORMAN / HOCKEY MANITOBA (i.e. volunteer Hockey Manitoba Hockey Camps, Norman Camps, NCCP instructor etc....)

2009-10	_____
2008-09	_____
2007-08	_____
2006-07	_____
2005-06	_____
2004-05	_____

REFERENCES

Please list three (3) references that would be familiar with your coaching style and over all coaching abilities.

A. NAME _____
ADDRESS _____
CITY/TOWN _____ POSTAL CODE _____
TELEPHONE _____(RES.) _____(BUS.)

B. NAME _____
ADDRESS _____
CITY/TOWN _____ POSTAL CODE _____
TELEPHONE _____(RES.) _____(BUS.)

C. NAME _____
ADDRESS _____
CITY/TOWN _____ POSTAL CODE _____
TELEPHONE _____(RES.) _____(BUS.)

BACKGROUND CHECK

In accordance with the Canadian Hockey Associations Abuse and Harassment policies adopted by Hockey Manitoba, all provincial team coaches must be subject to a police check.

I agree that if I am considered for any coaching position, I would complete a police background check (at Norman Minor Hockey expense) If required.

Applicants Signature

APPLICATION DEADLINE IS June 15, 2009

All applications must be completed in full and should be directed to:
For more Information on these teams, coaching positions or application forms please contact;

Norman Regional Minor Hockey Association
John McNevin - Hockey development Copordinator
mts 677-2557
email - mcnevin@mts.net