

# NORMAN REGIONAL MINOR HOCKEY ASSOCIATION

## TEAM NORMAN 2009 / 2010

### COACHING APPLICATION FORM

Female Midget AA Regional team  
(Female players born in 1992 /1993 / 1994)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ (RES.)

\_\_\_\_\_ (BUS.)

\_\_\_\_\_ (FAX) \_\_\_\_\_ (E-MAIL)

TEAM APPLIED FOR : Position \_\_\_\_\_

#### **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  
Mike Kohli - Vice Director Female  
mts 676-2031  
email - [kohli@mts.net](mailto:kohli@mts.net)