

NORMAN REGIONAL MINOR HOCKEY ASSOCIATION

TEAM NORMAN 2011 / 2012

COACHING APPLICATION FORM

Directors Cup Regional Team
(Male players born in 1998)

NAME _____

ADDRESS _____

CITY/TOWN _____

POSTAL CODE _____ TELEPHONE _____ (RES.)

_____ (BUS.)

_____ (FAX) _____ (E-MAIL)

ATTACH RESUME AS WELL

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
2011-12	_____	_____	_____
2010-11	_____	_____	_____
2009-10	_____	_____	_____
2008-09	_____	_____	_____
2007-08	_____	_____	_____
2006-07	_____	_____	_____

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

2011-12	_____
2010-11	_____
2009-10	_____
2008-09	_____
2007-08	_____
2006-07	_____

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 November 15, 2011

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
Ken Gladden PH: 652-5578 Fax: 652-5197
Email: nrmha@mts.net