

# NORMAN REGIONAL MINOR HOCKEY ASSOCIATION

## Directors Cup

### COACHING APPLICATION FORM

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
2017-18	_____	_____	_____
2016-17	_____	_____	_____
2015-16	_____	_____	_____
2014-15	_____	_____	_____
2013-14	_____	_____	_____
2012-13	_____	_____	_____

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

2017-18	_____
2016-17	_____
2015-16	_____
2014-15	_____
2013-14	_____
2012-13	_____

## 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 JAN 2, 2018**

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  
Rene Gagnon (204)358 0492  
Email: rene.gagnon.hd@gmail.com