# COACHES / TRAINERS APPLICATION

**2023-2024 SEASON – DUE 10 March 2023**

**Name:**

**Address:**

**City/Town: Telephone Home:**

**Postal Code: Business:**

**Email Address: Birth Date (dd/mm/yy):**

**(Please provide a current email address, as this is the preferred method of communication)**

##### Team Choice Representative or House League

 **(Coaches may be required to provide a season plan, practice plans and goals prior to an interview with the coach selection committee)**

**Division (U8) Minor Novice (U9) Major Novice (U11) Atom (U13) Pee Wee**

 **(U15) Bantam (U18) Midget (U21) Juvenile**

## Details Children Playing Yes or No

#### Coaching / Trainer / Manager Experience

**Last Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Teams**

 **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Training Levels

### National Coaches Certification Program

 **Current Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_**

 **Year Attended \_\_\_\_\_\_\_\_\_\_\_**

 **Trainers Certification Program**

 **Current Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_**

 **Year Attended \_\_\_\_\_\_\_\_\_\_\_**

 **Respect in Sport – Activity Leader Year Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender Identity Course Year Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Application may not be considered if Coaches/ Training and RIS are not provided**

#### Other Clinics or Training Workshops related to Hockey / Communications

##  Details Dates

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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#### References

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Commitment

 I certify that the above information represents an accurate description of my qualifications. As a coach / trainer or volunteer of any representative team or house league team I will seek and attain the proper training required by the Canadian Amateur Hockey Association and ensure that every member of the teams’ volunteer staff is trained appropriately. If accepted as a coach / trainer or volunteer of any Frontenac Minor Hockey Association team I will know and understand the association rules of fair play and treatment of players.

 I understand if accepted as a coach / trainer or volunteer of any Frontenac Minor Hockey Association team I am required to have a CPIC completed at my local OPP office. This CPIC will be kept in a confidential file only viewed by select FMHA Executives.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please return all applications to Brent Hole @ brenthole11@hotmail.com or Frontenac Minor Hockey Association. Applications may be delivered by hand or mailed to FMHA P.O. Box 457 Verona, Ontario, K0H 2W0. Applications are due 10 March, 2023.