

Lake of the Woods Minor Hockey Association Coaching Application

Please note anyone over the age of 18 wishing to Coach, Referee or act as a Trainer must provide a current Criminal Records Check (needs to be updated every 3 years) as per Hockey Canada requirements

Name:		
Street Address:		
Mailing Address:		
Phone #	Home:	Work: Cell:
Which Division do you wish to coach in?		
Would you have a son/daughter on the team? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of individual(s) you wish to coach with (optional):		
Please note that each individual must also complete & submit a separate coaching application.		

Coaching Experience

Please list your previous minor hockey coaching experience:

2011-12: Division/Level		Association	
2010-11: Division/Level		Association	
2009-10: Division/Level		Association	
Other coaching experience:			

Coaching Certification

HC Initiation Program	Year Attained		Reg #	
NCCP Coach Stream	Year Attained		Reg #	
NCCP Development 1 (Intermediate)	Year Attained		Reg #	
NCCP Advanced	Year Attained		Reg #	
HC Trainers Program	Year Attained		Reg #	
Speak Out	Year Attained		Reg #	

Lake of the Woods Minor Hockey is committed to the continual enhancement of our coaches and volunteers. As such we will be hosting a development weekend on September 23-25 at the Keewatin Memorial Arena. All certification courses fees are covered through LOWMHA. Please contact Mike Dietsch for course information and to register for any of the courses being offered through LOWMHA.

Please Provide Detailed Responses to the Following Questions:

1. What is your coaching philosophy?

2. What coaching methods would you implement to achieve the goals and objectives set out in your coaching philosophy?

3. What is the anticipated role of your co-coaches, manager, trainer and parents as it relates to the team?

I understand that completing a Coaching Application with LOWMHA does not ultimately guarantee me a coaching position. If successful I acknowledge that I will be required to obtain a Police Record Check through the local detachments of the KPS or OPP. Any cost associated to this requirement will be covered through LOWMHA.

I certify that the information on this application to be true and correct.

Signature: _____ Date: _____