



# COLD LAKE MINOR HOCKEY ASSOCIATION

7825 51 Street Cold Lake, AB T9M 0B6

## COACH SELECTION APPLICATION

This application is for coaches who have not previously been selected as a Head Coach within CLMH, who were not selected as Head Coaches the previous year, or for Coaches moving to a new Division.

Criminal Record Check is required (every 2 years)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (Res.): \_\_\_\_\_ (Bus.): \_\_\_\_\_ (Fax): \_\_\_\_\_

### TEAM SELECTION

Division: \_\_\_\_\_ Position: Head Coach / Assistant Coach  
(i.e. U7, U9, U11, U13, U15, U18, Female) (Circle which you are applying for)

### NATIONAL COACHING CERTIFICATION

**Please attach a copy of your Hockey Canada Coach Card. This can be found through your registered profile and will list all courses that you have been certified with to date.**

Are you interested in taking any upcoming courses? Initiation Program, Coach Level, Intermediate Level, Speak-out Program, Safety Program, etc.

### COACHING RESUME

Please attach your personal resume, reflecting your coaching experiences and any other information, which is not detailed in this application. Any additional information provided pertaining to the following would be appreciated.

What is your coaching philosophy? (Attach sheet if necessary)

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What are the main reasons for wanting to be a coach, or assistant coach?

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How would you handle discipline on the bench, dressing room, etc?

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What are your expectations as a coach?

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What is your seasonal development plan?

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What support would you expect from Cold Lake Minor Hockey this season?

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Are you available to coach early morning weekday practices? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any prior obligations that may restrict the amount of time you can commit to coaching? If yes, please explain (answering yes will not disqualify you as a coaching applicant).

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**PLEASE ATTACH A SAMPLE PRACTICE PLAN TO THE COACHING APPLICATION.**

References: (list three references i.e. player (12 & over), parents, and professional)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (res.): \_\_\_\_\_ (Bus): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (res.): \_\_\_\_\_ (Bus): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (res.): \_\_\_\_\_ (Bus): \_\_\_\_\_

I agree to follow Bylaws, Regulations and Policies as set out by CLMH, Hockey Alberta, Hockey Canada and other governing hockey bodies. I agree to embrace and follow Fair Play code, as set out by Hockey Canada

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

Final decisions for approval on coaching applications will come from the CLMH Board of Directors. Successful applicants will be contacted by the Division Director.