**CLARINGTON MINOR HOCKEY ASSOCIATION**



###### TEAM OFFICIAL APPLICATION

**FOR LEVELS Tyke MD 7, AA, A & AE**

###### COACHES AND ASSISTANT COACHES

**PLEASE RETURN THE COMPLETED APPLICATION ALONG WITH ALL REQUIRED DOCUMENTS BY Sunday January 29th, 2017 DIRECTLY TO;**

GENERAL MANAGER HOCKEY OPERATIONS / CHAIR COACH SELECTION

### Darren Nesbitt

905-438-8617

**OR**

CO-CHAIR COACH SELECTION

### Dominic Valic

905-432-1759

# CLARINGTON MINOR HOCKEY ASSOCIATION

TEAM OFFICIAL APPLICATION

NAME:

ADDRESS:

TELEPHONE(HM): (CELL):

EMAIL:

POSITION APPLYING (**circle one**): HEAD COACH ASST. COACH

## TEAM APPLYING AGE GROUP BIRTH YEAR LEVEL

1st CHOICE:

2nd CHOICE:

\*\*If you will have a family member on the team(s) you are applying for, please provide the **name**, **date of birth** and **level** family member is currently playing:

1st CHOICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd CHOICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COACHING QUALIFICATIONS**

CERTIFICATION LEVEL: NUMBER:

PRS CERTIFICATION: **YES** / **NO** NUMBER:

HOCKEY COACHING EXPERIENCE: (Please complete the following)

**SEASON LEVEL POSITION ASSOCIATION & CONTACT PERSON**

**Applicant must provide a full team contact list from the last season coached.**

OTHER (SPORTS) COACHING EXPERIENCE: (Please complete the following)

**SEASON LEVEL POSITION ASSOCIATION & CONTACT PERSON**

COACHING RELATED TRAINING: (Please complete the following)

**YEAR COURSE / DESCRIPTION CERTIFICATION LOCATION**

HOCKEY PLAYING EXPERIENCE: (Please complete the following)

**YEAR LEVEL ASSOCIATION POSITION**

OCCUPATION / PROFESSION: (Please complete the following)

**YEARS EMPLOYER POSITION SHIFT / TRAVEL**

### RESUME ATTACHED ALSO (circle one) : YES NO

### CLARINGTON MINOR HOCKEY ASSOCIATION

#### MINIMUM CREDENTIAL REQUIREMENTS

Coaching applicants must meet the following minimum credentials to be accepted as a potential candidate. While these minimum requirements are specified, the coaches selection committee reserves the right to waive these requirements if there is no suitable qualified applicant or advertise for new applicants.

SELECT 7 (7 YEAR OLDS)

* CHIP CERTIFCATION or provide proof of being registered in and obtaining the CHIP CERTIFICATION before September 1st of the season applied to coach in and
* 1 year as head coach or assistant coach of a Select or Rep team or
* 2 year as head coach or assistant coach of a House League team

NOVICE AA, A and AE (8 YEAR OLDS)

* DEVELOPMENT STREAM ONE certification as accepted by the OMHA or provide proof of being registered in and completing the DEVELOPMENT STREAM ONE Clinic before September 1st of the season applied to coach in and
* 1 year as head coach or assistant coach of a select or Rep team or
* 2 year as head coach or assistant coach of a House League team

ATOM AA, A and AE (9 & 10 YEAR OLDS)

* Minimum DEVELOPMENT STREAM ONE certification as accepted by the OMHA or applicant must provide proof of being registered in and completing the DEVELOPMENT STREAM ONE clinic before September 1st of the season applied to coach in and
* 1 year as head coach or assistant coach of a select or Rep team or
* 2 year as head coach or assistant coach of a House League team

PEEWEE & BANTAM AA, A and AE (11 & 12 YEAR OLDS)

* DEVELOPMENT STREAM TWO Registered as accepted by the OMHA or applicant must provide proof of being registered in and in process of completing a DEVELOPMENT STREAM TWO clinic before September 1st of the season applied to coach in and
* 1 year as head coach or assistant coach of Peewee select or Rep team at Level applied for ( AE, A, AA, AAA ) or
* 2 years as head coach or assistant coach of a select or Rep team or
* 3 years as head coach or assistant coach of a House League team

BANTAM & MIDGET AA, A and AE (13,14,15,16 & 17 YEAR OLDS)

* DEVELOPMENT STREAM TWO Certified as accepted by the OMHA or applicant must provide proof of completing requirements for DEVELOPMENT STREAM TWO Certification before September 1st of the season applied to coach in and
* 2 year as head coach or assistant coach of Bantam or Midget select or Rep team at Level applied for ( AE, A, AA, AAA ) or
* 3 years as head coach or assistant coach of a select or Rep team or
* 4 years as head coach or assistant coach of a House League team

##### Coach Selection Process for Open Positions

All candidates must submit a completed CMHA coaching application.

All candidates must meet the minimum requirements set out by the CMHA.

All candidates must provide a “basic outline” of their season plan.

All candidates must provide a list of any people they are considering for their staff.

All candidates must provide a contact name for the last association they coached.

All candidates must provide a **full team contact list from the last season coached**.

Not including one of these requirements may lead to the removal of the candidate’s application from the process. *NO electronic submissions will be accepted*.

**Only those applicants considered for an interview will be contacted.**

Coaches are notified at this time that the CMHA Coach Selection Committee must approve all coaching staff and that the CMHA Coach Selection Committee will have the final say on all coaching staff.

Coaches are advised that they are NOT to announce any coaching staff members until the CMHA Coach Selection Committee has approved them.

Coaches may be instructed to take on a staff member chosen by the CMHA Coach Selection Committee from applicants for head coach or asst. coach.

All coaches and staff are **required to sign** a **Code of Conduct** and a Principles and Ethics Standards form. Refusal to sign will lead to removal from the team.

Coach **applicants are required to submit** a signed **Team Staff Criminal Offence Declaration**,and where required by CMHA Policies**,** a (recent) **Police Criminal Record Check** with **Vulnerable Sector Clearance Check** at time of interview or proof of application for PRC.

All Coaches and staff are **required to submit** a (recent) **Police Criminal Record Check** including **Vulnerable Sector Check**, as condition of acceptance, then afterwards every two years.

By signing this application potential candidates agree they have read and understand and will follow the outlined requirements.

I certify that the above information represents a true and accurate detail of my qualifications. I hereby grant permission for authorized agents of

**CLARINGTON MINOR HOCKEY ASSOCIATION** ( CMHA ) to contact references with regard to all like and similar matters that may pertain to my **“ability to”** and **“manner in which to”** perform all duties and obligations to which I submit this my application.

PRINT NAME of APPLICANT:

(Day, Mon, Yr)

SIGNATURE of APPLICANT: DATE: