



**Medicine Hat Minor Hockey Association**  
**Coaches Application**  
 (Please Print)

Please e-mail to: [mhmha@shaw.ca](mailto:mhmha@shaw.ca)  
 or fax to: 403-529-5981

Desired Coaching Position  Head Coach  Assistant Coach of Division/Team: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Numbers: (H) \_\_\_\_\_  
 Address: \_\_\_\_\_ (W) \_\_\_\_\_  
 \_\_\_\_\_ (F) \_\_\_\_\_  
 Email: \_\_\_\_\_

1. I am interested in coaching because:

\_\_\_\_\_  
 \_\_\_\_\_

2. My strengths as a coach are:

\_\_\_\_\_  
 \_\_\_\_\_

3. Describe Recreation vs. Competitive:

\_\_\_\_\_  
 \_\_\_\_\_

4. Have you read the TRUST pledge for Coaches?  Yes  No

5. National Coaches Certification training I have obtained:

- Intro to Coach (\*Minimum requirement to coach Timbit/Initiation and Novice)
- Coach Level (\*Minimum requirement to coach Atom and Older)
- Development 1 (\*Minimum requirement to coach any AA hockey team and Bantam AAA zone team)
- Development 2
- High Performance 1 (\*Minimum requirement to coach Midget AAA zone team)
- None

Additional training I have obtained:

- Checking Skills Clinic (\*Required for coaches of Pee wee divisions or older)
- Respect in Sport/Speak-out Program (\*Required for ALL coaches)
- Canadian Hockey Safety Program (\*Required that one person per staff has this course, not applicable to rec)

6. List your three most recent hockey seasons coached. **Please list most recent first.**

Season	Team Name	Head Coach	Asst. Coach	Age Division	Category	Team Manager or Assistant Coach Name	Phone #
Ex) <u>2010-11</u>	<u>Medicine Hat Venom</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Pee wee</u>	<u>A</u>	<u>John Smith</u>	<u>403-555-1111</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

List other coaching experience (any sport).

\_\_\_\_\_  
 \_\_\_\_\_

7. References: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

8. Please provide the names of your Assistant Coaches and Team Manager.

\_\_\_\_\_

Please indicate your agreement to a criminal screening, which may be conducted at our discretion, by initialing here \_\_\_\_\_

Please feel free to attach additional coaching resume information or write additional information on the back of this application.