



Coaching Application- Town Rep Minor Oaks Hockey Association (Oakville)

Please complete the following application if you are interested in coaching a **Town Rep team for the 2009/10 season.**

Please return completed application to the MOHA office by
Sunday January 4th, 2009

For further information contact the MOHA office at 905 338 9220
or nancy@moha.on.ca

The Interview Process:

The questions have been grouped into four sections:

1. Philosophy/Approach to Coaching
2. Communication with Kids
3. Communication with Parents
4. General

During the actual interview, the selection committee will select which questions are relevant and/or important to be asked of all candidates by level:

- **Early Years (Tyke to Atom)**
- **Mid Years (Peewee & Bantam)**
- **Draft or Junior years (Minor Midget & Midget)**

Coaching Application

Minor Oaks Hockey Association

Personal Information

Applicant's Name _____

Address _____

D.O.B. (DD/MM/YYYY) _____

Phone: (Res) _____ (Bus) _____

(Cell) _____ (email) _____

Team Information

Team applying for _____

Second choice _____

Do you have a son or Daughter on the team? Yes _____ No _____. If yes please provide his or her name: _____

What level did they play last year? _____

Where did they play? _____

Based on your knowledge of the team, who do you expect to include on your support staff?

Manager _____

Ass't Coach _____

Ass't Coach _____

Trainer _____

If these choices were unavailable, would you accept a different position?

Yes _____ No _____

National Coaching Certification (NCCP levels)

Please include current information

Speak Out (PRS)	() year attained _____	# _____	
CHIP	() year attained _____	# _____	
Coach	() year attained _____	# _____	
Intermediate	() year attained _____	# _____	
Development I	() year attained _____	# _____	
Development II	() year attained _____	# _____	
Trainer	() year attained _____	# _____	

COACHING EXPERIENCE

On average, how many hours per week do you believe are required to coach a team at the level you are applying for over the course of the season?

Please enter number of hours/wk.

On average, how many hours per week do you typically undertake the following coaching activities for? Please enter hours in boxes

Coach Preparation	
Coach Delivery	
Coach Administration	
Coach Education and Continuous Professional Development	
Other Coach related hours	

Previous Coaching Experience (include non-hockey related experience)

Association	Year	Category

Playing Experience

Please provide information about your playing experience:

Community involvement and Experience working with Children

COACHING ASPIRATIONS (What's Next)

Why do you want to coach this or any team with MOHA?

Short Term Goals

Long Term Goals

Personal Development

List 3 Coaching Skill Areas you consider your strengths:

1. _____
2. _____
3. _____

List 3 Coaching Skill Areas you wish to improve on:

1. _____
2. _____

3. _____

REFERENCES

List three references: i.e. player 12 and over, parent, professional

1. Name _____

Address _____

Phone (res) _____ (bus) _____

Circle one: **Player** **Parent** **Professional**

2. Name _____

Address _____

Phone (res) _____ (bus) _____

Circle one: **Player** **Parent** **Professional**

3. Name _____

Address _____

Phone (res) _____ (bus) _____

Circle one: **Player** **Parent** **Professional**

AUTHORIZATION FOR COLLECTION OF INFORMATION

I _____ authorize the MOHA to collect

Personal information appropriate to the position applied for concerning my academic background, employment history, and verifies the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

_____ **Name** _____

Day/Month/Year _____ **Signature** _____