

**Dresden Minor Hockey Association (DMHA)  
Application for Head Coach, 2010-2011**

**Instructions:**

1. This form is to be used only to apply to be the Head Coach of a House League or Travel team.
2. Please complete all sections on both sides of this form.
3. If you have not submitted a police volunteer check form in the past, one will be required prior to your selection as the Head Coach.
4. Return this application to Rob Ellis, Dustyn Pumfrey, Mike Depauw, or Ron Leclair

<b>Name:</b>	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
e-mail:	Other Phone:

**1. Choose the Team (age) and Level (House or Rep)**

- Novice 7&8yrs. old  
 Atom 9&10 yrs. old  
 Pee wee 11&12 yrs. old  
 Bantam 13&14 yrs. old  
 Midget 15, 16 &17 yrs. old  
 Girls age TBD

a) State your: Team & Level	First choice	Second choice	Third choice
<b>b) If you are not the successful coaching candidate will you help Y or N</b>			

*If you will be coaching your own child (or a spouse or relative's child), please note:*

It is recommended that you choose to coach at a level where your child will be among the top 50% of the players on the team. This tends to maximize the experience for the child, and minimize the discontent that often surfaces when the child of the coach is near the bottom of the team's skill pool.

<b>c) Will you be coaching your own child (or a spouse or relative's child)? Yes or No</b>
<b>d) If yes, please provide the child's full name, and which team and level the child played last year.</b> Name:                                      Team: Level:
<b>e) If your choice of level to coach is above the level your child played last year, please explain why you feel the child can play at a higher level:</b>
<b>f) List names of assistants that will be part of your team (manager, assistant coach, trainer etc.)</b>
<b>g) List the names of your assistants' children who will be on the team.</b>


**Training:**

The OMHA as well as the DMHA requires that all House League and Rep team Coaches have National Coaches Certification Program (NCCP) to at least the Coach Level. The cost of these training programs will be reimbursed upon presentation of proof of completion.

<b>h) i) Do you have an NCCP certificate?</b>	<b>Yes</b>	<b>No</b>
<b>ii) If yes, at what level? Circle highest level:</b>	<b>IP</b>	<b>Coach Intermediate Advanced</b>
<b>iii) If yes, what is your NCCP number? Fill in here:</b>	<b>Expiry Date:</b>	
<b>i) If no when are you planning to take the course?</b>		
<b>j) Do you have an HTCP trainer's certificate?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, what is your HTCP number?</b>	<b>Expiry Date:</b>	

<b>Experience:</b>				
<b>a) Please specify your hockey coaching experience&gt; Use a separate sheet if necessary</b>				
<b>Year</b>	<b>Hockey association</b>	<b>Position</b>	<b>Team</b>	<b>Level</b>
<b>b) Do you have any other experience or training that you may feel may be of value</b>				

**Choice of Coaches:**

The DMHA's purpose is to provide an environment that allows each player to develop to his or her fullest potential. Coach selection is critical to this goal. Coaches will be chosen by DMHA on a number of basis, including experience, training, certification, player needs, attitude, enthusiasm, history and DMHA needs.

**Fair Play:**

**All members of a team's coaching staff must adhere to this fundamental principle and abide by all the regulations stipulated in the DMHA Fair Play agreement.**

**I HAVE READ AND AGREE TO ALL OF THE ABOVE:**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_