



# Acadia Minor Hockey Association

P. O. Box 2440, Wolfville, NS B4P 2S3

## Coaching Application Form 2008 – 2009 Recreational PROGRAM

### Personal Information:

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

Home Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

### Coaching Qualifications:

CC Number: \_\_\_\_\_ HSP Number: \_\_\_\_\_

National Coaching Certification Program	Date Attained	Location/Instructor
<input type="checkbox"/> Initiation Program	_____	_____
<input type="checkbox"/> Coach Level 1	_____	_____
<input type="checkbox"/> Coach Development Stream 'I'	_____	_____
<input type="checkbox"/> Coach Development Stream 'II'	_____	_____
<input type="checkbox"/> Coach Advanced	_____	_____
<b>Other</b>	_____	_____
<input type="checkbox"/> Hockey Safety Program	_____	_____
<input type="checkbox"/> First Aid (Level _____)	_____	_____
<input type="checkbox"/> CPR (Level _____)	_____	_____
<input type="checkbox"/> Speak Out	_____	_____
<input type="checkbox"/> CAR	_____	_____
<input type="checkbox"/> CRC	_____	_____

### Previous Coaching Experience:

Year	Association	Division & Level	Head Coach	Assistant	Trainer	Manager
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Requested Division:

Novice Quick Start	
Initiation Program Skills IP2 (6 year olds)	
Novice Level 1 Development (7 & 8 year olds)	
Novice Level 2 Intermediate (7 & 8 year olds)	
Novice Level 3 Advance (7 & 8 year olds)	
Atom House	
Pee Wee House	
Bantam House	

If applicable, enter a second choice: \_\_\_\_\_

Please answer the following questions:

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you feel your child will make the team for which you are applying?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Upper                    | Mid                      | Lower                    |
| 2. In what portion of the team do you feel your child will be?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       | Needs to be discussed    |
| 3. Have you ever been suspended or dismissed by any amateur sports association?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been involved in a physical altercation with anyone before, during, or after a game?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been accused on physical and verbal or emotionally abusive conduct towards a player, parent, team official, game official and/or opposing players, parents and coaches? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. What is your definition of bullying and how do you control it on your team?   | Provide written answer.  |                          |                          |
| 7. What is your definition of harassment and how do you control it on your team?   | Provide written answer.  |                          |                          |

If you have answered yes to any of the above questions, please provide a full written description of the incident and the discipline received.

Will you execute a release of information in favor of the Acadia MHA allowing it to obtain your discipline file from Hockey Nova Scotia, Hockey Canada and any other amateur sport association that you have been a member of and/or have been disciplined by?

## **Additional Information:**

Provide a resume of skills that best qualify you for the coaching position you seek with Acadia MHA. Please review, complete and return the companion document "Coaching & Ethical Philosophy of Acadia MHA" with your completed application.

Acadia MHA coaches are required to complete a "Child Abuse Registry Form" and "Police Criminal Records Check" at the beginning of each new season.

**I ensure that the information provided on this application is accurate and truthful.**

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

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

Please forward completed applications to:

Chair, Coach Selection Committee  
C/o Acadia MHA  
P. O. Box 2440, Wolfville, NS  
B4P 2S3

For further information contact Paul Murphy; email; [hockeydad@eastlink.ca](mailto:hockeydad@eastlink.ca)