

COACHING APPLICATION BEETON MINOR HOCKEY
"BEETON ATHLETIC ASSOCIATION" Box
309, Beeton, Ontario LOG 1A0
Secretary: pat.beetonhockey@gmail.com

Name : _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Email: _____

Cell : _____ Work: _____

Team Selection:

First Choice: _____ Alternate: _____

Level: _____

Categories: Beginner, U7, U9, U11, U13, U15, U18

COACHING CERTIFICATIONS:

Coach 1 – Intro -Coach 1 Year Attained: _____

PRS* Year Attained: _____

Developmental 1 Year Attained: _____

*PRS is mandatory certifications for ALL team volunteers.

Gender Identity Course Mandatory :

HOCKEY VOLUNTEER EXPERIENCE:

Years: Association (eg. BAA) Category (e.g. Atom LL) Position

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your coaching philosophy:

Describe in detail a practice plan for the level you are applying for.

List coaching suspensions for the last 10 years with the reason:

What is the anticipated role of your assistant coach, trainers, managers?

What is your philosophy on tournaments and would you be willing to enter your team in tournaments?

Coaching Resume: Please list coaching experience which is not in this application (e.g. Employment shifts. Playing experience, other interests)

Signature: _____ Print: _____ Date: _____