

# **HIGHLAND STORM MINOR HOCKEY ASSOCIATION COACHES APPLICATION**

**Please return completed application to:**

**Highland Storm Minor Hockey Association  
P.O. Box 406, Minden, ON, K0M 2K0**

## **Highland Storm Minor Hockey Association – Coaches Application**

### **Job Description – Minor Hockey Coach**

Oversee and be responsible for all aspects of the day-to-day operation of the assigned hockey team, ensuring that the objectives of the Association are met. Be a spokesperson for the team and represent the team at all meetings and functions.

This position requires a valid Coaches Level certification, a Prevention Services certification and an accepted Police Record Check.

Interested applicants will be required to submit an application by June 30<sup>th</sup> and may be asked to present themselves at an interview.

All applicants should be familiar with and must comply with the requirements of the HSMHA Constitution, Manual of Operations and Coaches Guidelines.

### **Coach as a leader:**

- establish seasonal goals and objectives for the team
- be a role model for the players in reference to appropriate behaviour towards officials, other coaches and other players
- develop leadership abilities in your athletes
- meet with the parents at least three times per year to outline team and coaching philosophies, team rules, finances, tournaments etc.
- plan effective practices
- select support staff that meets the Association standard and will provide maximum benefit to you and your players
- ensure that all ice and dressing room activities are supervised

**Highland Storm Minor Hockey Association – Coaching Application**

**Name:** \_\_\_\_\_

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

**Phone: (Home)** \_\_\_\_\_ **(Bus)** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Team Selection:** \_\_\_\_\_

**OMHA Certification:**

**Coach level Card Number:** \_\_\_\_\_

**CHIP Card Number:** \_\_\_\_\_

**Trainers Card Number:** \_\_\_\_\_

**Prevention Services Number:** \_\_\_\_\_

**Other Certification:** \_\_\_\_\_

**Prior Coaching Experience:**

<b>Team</b>	<b>Position</b>	<b>Year</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List 3 personal references that we may contact:**

**Name**

**Phone Number**

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**What is your coaching philosophy? (attach sheet if necessary):**

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**What unique initiatives can you bring to this team?**

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**List 3 goals for this team and how you will achieve them:**

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**I understand that completing a Coaching Application with the Highland Storm Minor Hockey Association does not ultimately guarantee a coaching position with the HSMHA.**

**Signature**

**Date**

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