Drayton Minor Hockey Association

**COACHES APPLICATION**

*2024/2025 Season*

**Name: Primary Phone:**

**Address:**

**Email:**

|  |
| --- |
| **Team Selection:** (Please Select *only 1 option of Rep or Local League plus age group*)  **Level:** Rep/MD  Local League  **Age Group**: U9  U11  U13  U15  U18 |

|  |
| --- |
| **Please select your valid level of National Coaching Certification Program (NCCP):**  i) Coach 1  Coach 2  Development 1 Trained  Development 1 Certified  Other:  ii) Hockey University- Planning Safe Return  Gender Identity Respect in Sport |

|  |  |  |  |
| --- | --- | --- | --- |
| **Past Coaching Experience** | | | |
| Year | Team | Division | Position |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Tell us about your coaching philosophy:**

Drayton Minor Hockey requires that you apply each year. The Head Coach will be responsible for picking their team staff. All members of the team officials are required to be up-to-date on certications based on role. Annual police check is required for all team officials and on-ice helpers. All applications are subject to approval by the executive as stated in the bylaws. All applications will receive notice of receipt, followed by update on successful candidate.

**\*\*Email completed form by July 1, 2024 to Jenny Bults @ bultsjb@gmail.com\*\***