



LAKELAND PANTHERS HEAD COACH APPLICATION

Please submit completed application by:

<u>U11-U13 March 29th</u> <u>U15-U18 March 15th</u>

email registrar@bonnyvilleminorhockey.ca

Name: Email: Division U11 U13 U13 Female U15 U16 U18 TRAINING & CERTIFICATION Indicate your highest level of Coaching Certification attained. Coach Level Development 1 Coach Stream Respect in Sport- Coach Hockey Canada Safety Program Checking Skills Other (Specify): Next desired Coaching upgrading level: Criminal Record check will need to be provided before coach is selected. Please at		APPLICANT INFO	RMATION
Division U11 U13 U13 Female U15 U16 U18 TRAINING & CERTIFICATION Indicate your highest level of Coaching Certification attained. Coach Level Development 1 Coach Stream Respect in Sport- Coach Hockey Canada Safety Program Checking Skills Other (Specify): Next desired Coaching upgrading level: Criminal Record check will need to be provided before coach is selected. Please at	Name:		
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Checking Skills Other (Specify): Next desired Coaching upgrading level: Criminal Record check will need to be provided before coach is selected. Please at	Respect in Sport- Coad	ch	
Other (Specify): Next desired Coaching upgrading level: Criminal Record check will need to be provided before coach is selected. Please at	Hockey Canada Safety	Program	
Next desired Coaching upgrading level:			
Criminal Record check will need to be provided before coach is selected. Please at	Other (Specify):		
·	Next desired Coaching	gupgrading level:	
with application if previous record is expired. Criminal record checks are good for		•	

seasons with BMHA.

EXPERIENCE

Please indicate your previous coaching experience:

Year	DIVISION	POSITION

QUESTIONAIRE
1. What is your coaching "philosophy"?
2. Do you have any obligation that may restrict the amount of time you can allot to coaching? If yes please explain. (Answering Yes to this question does not disqualify applicants)
3. What will be some of your team goals and objectives?
4. How would you handle a parent concern/complaint on your team?

REFERENCES

Name	Address	Phone Number

DECLARATION

I agree to follow the Bylaws, Regulations and Policy as set out by Bonnyville Minor Hockey Association, Hockey Alberta and Hockey Canada.

I hereby authorize Bonnyville Minor Hockey Association to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements.

I agree the information on this application can be shared with the BMHA Board.

Signature:	Date:
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Final decision for approval of coaching applications rests with BMHA Board. Division Directors will notify successful applicants.

CRIMINAL RECORD CHECK

Please detach this page and take to your local RCMP detachment to complete your criminal record check.

Please note: Criminal Record Checks are valid for 2 years with BMHA.

Eebruary 29 th , 2024	
Го Whom It May Concern,	
Re: Name	_ Criminal Record Check
Please be advised that the Bonnyville Minor Hock managers, team staff and board members to have this work as a volunteer in the Vulnerable Sector at the put into our community.	e a security clearance. They are doing
Sincerely,	
Terry Rupp Bonnyville Minor Hockey Association President	