BONNYVILLE MINOR HOCKEY ASSOCIATION FIRST TIME COACHES APPLICATION

lication is for coaches who are applying to coach with BMHA for the first time. Please submit completed application by <u>August 1st, 2024 via</u> either of the following: Suite 1002, 4313-50 Ave, Bonnyville, AB T9N 0B4 or omail: registrar@bonnyvilleminorbockov.ca

email: registrar@bonnyvilleminorhockey.ca

APPLICANT INFORMATION

Name:_____

Date of Birth: ______ Address: ______

Email Address: _____

Contact Phone: _____

| Do you have a c | nild registered with BMHA? | ⊖Yes | ⊖No |
|-----------------|----------------------------|------|--------------|
| | | 0.00 | \mathbf{O} |

Have you been charged with a criminal offense involving minors (any person under the age of 18 years?) \bigcirc Yes \bigcirc No

| Position Applying for: | COACH or | ASSISTANT COACH |
|------------------------|----------|-----------------|
|------------------------|----------|-----------------|

Positions Applying for: Indicate 1st, 2nd and 3rd Choices

| Division | Choice |
|----------|--------|
| Tyke | |
| U7 | |
| U9 | |
| U11 | |
| U13 | |
| U15 | |
| U18 | |

Are you willing to be a mentor to a new initiation coach? OYES ONO

TRAINING & CERTIFICATION

Indicate your highest level of Coaching Certification attained.

| Intro to Coaching |
|------------------------------|
| 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 attach with application if previous record is expired. Criminal record checks are good for 2 seasons with BMHA.

EXPERIENCE

Please indicate your previous coaching experience:

| Year | DIVISION | POSITION |
|------|----------|----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

QUESTIONAIRE

1. What is your coaching "philosophy"?

2. Do you have any obligations 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 concert/complaint on your team?

REFERENCES

| Name | Address | Phone Number |
|------|---------|--------------|
| 1. | | |
| | | |
| 2. | | |
| | | |
| 3. | | |
| | | |

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: _____

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.



June 10th, 2024

To Whom It May Concern,

Re:

Criminal Record Check

Name

Please be advised that the Bonnyville Minor Hockey Association requires coaches, managers, team staff and board members to have a security clearance. They are doing this work as a volunteer in the Vulnerable Sector and we greatly appreciate the time and energy that they put into our community.

Sincerely,

Terry Rupp Bonnyville Minor Hockey Association President