



BONNYVILLE MINOR HOCKEY ASSOCIATION

FIRST TIME COACH APPLICATION

This application is for coaches who are applying to coach with BMHA for the first time.

Please submit completed application by **August 1st, 2025 via** either of the following:

Suite 1002, 4313-50 Ave, Bonnyville, AB T9N 0B4 or

email: registrar@bonnyvilleminorhockey.ca

APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Contact Phone: _____

Where did you last play and/or coach hockey: _____

Hockey Canada ID Number: _____

Do you have a child registered with BMHA? ☐ Yes ☐ No

Have you been charged with a criminal offense involving minors (any person under the age of 18 years)? ☐ Yes ☐ 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? ☐ YES ☐ NO

TRAINING & CERTIFICATION

Indicate your Coaching Certifications attained.

- ☐ Intro to Coaching
- ☐ Coach Level 1 ☐ 2 ☐
- ☐ Development 1
- ☐ Coach Stream
- ☐ Respect in Sport- Coach
- ☐ Hockey Canada Safety Program
- ☐ Checking Skills

Other (Specify): _____

Next desired Coaching upgrading level: _____

A Criminal Record check will need to be provided before the coach is selected. Please attach it to this application. Criminal record checks are valid for 2 seasons with BMHA.

EXPERIENCE

Please indicate your previous coaching experience:

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

QUESTIONNAIRE

1. What is your coaching “philosophy”?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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 it to your local RCMP detachment to complete your criminal record check.

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



June 23rd, 2025

To Whom It May Concern,

Re: _____ Criminal Record Check & Vulnerable Sector Check
Name

Please be advised that the Bonnyville Minor Hockey Association requires coaches, managers and team staff to have a Criminal Record Check and Vulnerable Sector Check. They are doing this work as a volunteer in the Vulnerable Sector where they are one of trust or authority over children and we greatly appreciate the time and energy that they put into our community.

Sincerely,

Willy Cole
Bonnyville Minor Hockey Association
President