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| **A picture containing graphics, poster, graphic design, clipart  Description automatically generated** | | | | **BARRIE WOMEN'S HOCKEY ASSOCIATION**  **2024-2025 HOUSE LEAGUE COACH APPLICATION** | | | | | | | | | | | | | |
| **APPLICATION METHOD:** | | | | | | | | | | | | | | | | | |
| **Application deadline:** June 30, 2024 – 12:00PM **Selections announced:** July 2024  **Applications must be completed and submitted electronically to** [**youthhouseleague@bwha.ca**](mailto:youthhouseleague@bwha.ca) | | | | | | | | | | | | | | | | | |
| * This is a fillable PDF document. To complete your application, please save this file FIRST to a known location on your computer before you begin to fill-in the application. Once you have completed the application, save the file again. | | | | | | | | | | | | | | | | | |
| **APPLICANT INFORMATION:** | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | |
| **City:** | | |  | | | | | | **Postal Code:** | | | | |  | | |
| **Primary Phone:** | | |  | | | | | | **Secondary Phone:** | | | | |  | | |
| **Email:** | | |  | | | | | | | | | | | | | |
| **DIVISION APPLYING FOR** | | | | | | | | | | | | | | | | |
| U7 | | U9 | | | U11 | U13 | U15 | | | | U18 | | | | |
| **Do you have a daughter eligible to play for a team?** | | | | | | | | Yes No | | | | | | | | |
| ***If answer to the above question is YES, please answer the following about your daughter:*** | | | | | | | | | | | | | | | | |
| **Daughter’s Name:** | | |  | | | | | **Daughter’s Date of Birth** | | | | |  | | | |
| **2023-24 Association** | | |  | | | | | **2023-24 Team** | | | | |  | | | |
| **CERTIFICATIONS** | | | | | | | | | | | | | | |
| **Please indicate with an X the highest level of coach training/certification you have attained:** | | | | | | | | | | | | | | |
|  | Coach 1 | | | | | | | | |  | | Coach 2 | | |
|  | Development 1 (D1) Trained only | | | | | | | | |  | | Development 1 (D1) Certified | | |
|  | High Performance 1 (HP1) Trained only | | | | | | | | |  | | High Performance 1 (HP1) Certified | | |

Note: Coaches of FUNdamentals, U7and U9 divisions **must** hold Coach 1-Intro to Coach qualification –

**No other qualifications are accepted.** All other levelsrequire Coach 2

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| **Please indicate with an X if you currently possess the required certifications:** | | | | | | |
|  | Respect in Sport / Speak Out | |  | Police Check with Vulnerable Sector Screening | | |
| **Additional Pertinent Training (i.e. First Aid, University Course or Degrees, related experience, employment, etc.)** | | | | | | |
|  | | | | | | |
| **COACHING EXPERIENCE** | | | | | | |
| *Please provide additional information reflecting your coaching experiences and other relevant information not detailed in this application (i.e. employment, other interests, etc.) You may wish to attach this information separately* | | | | | | |
| Do you have previous experience coaching female players, age/level, in any sport? | | | | | | Yes ☐ No ☐ |
| If yes, please provide details: | |  | | | | |
|  | | | | | | |
| **Most Recent Coaching Experience (male or female):** | | | | | | |
| **Team/Association:** | | **Category:** | | | **Position:** | **Date:** |
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| **What is your philosophy in coaching minor hockey?** | | | | | | |

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| **What are some of the tournaments you would consider participating in?** |

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| **What are some of the initiatives, objectives and goals for your team?** |

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| **DISCLOSURE** | | | | |
| **Have you ever been dismissed or suspended by a sports organization?** | | | Yes ☐ No ☐ | |
| **If "Yes" please explain: Infractions, type and dates:** | |  | | |
|  | | | | |
| **REFERENCES** | | | | |
| ***List at least three references (i.e. professional, parents, players (18 and older), or team staff from past seasons, etc.)*** | | | | |
| **Reference 1** | | | | |
| **Name** |  | | | |
| **Address** |  | | **Postal Code** |  |
| **City** |  | | **Primary Phone** |  |
| **Email** |  | | **Secondary Phone** |  |
| ***Additional Pertinent Information:*** | | | | |
| **Reference 2** | | | | |
| **Name** |  | | | |
| **Address** |  | | **Postal Code** |  |
| **City** |  | | **Primary Phone** |  |
| **Email** |  | | **Secondary Phone** |  |
| ***Additional Pertinent Information:*** | | | | |

**AGREEMENT**

If my application is successful, I agree to coach or participate as team staff, for the Barrie Women's Hockey Association (BWHA), and further agree not to hold the above-named organization or any of its agents, executive or membership responsible in case of injury or accident while participating in or traveling to or from the activities of the above-named organization.

I agree to abide by all rules, regulations, rulings, policies or guidelines of the BWHA, its agents and/or team and league officials, including the BWHA Code of Conduct:

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| **BWHA Code of Conduct for Coaches** |
| I will not condone, permit, defend or engage in actions, on or off the ice, which are not consistent with good sportsmanship.  I will communicate with players, parents, officials, trainers, volunteers and administrators honestly, generously, fairly and with integrity at all times.  I will set attainable goals for the team and individual players while encouraging safety and fun for everyone.  I will lead by example and respect the rules of the game, while abiding by the decisions of the referees.  I will work continuously to learn more about the game and to improve my coaching skills.  I will pay attention to and consider changing social family and economic environments that may influence the attitudes and behavior of players.  I will refrain from using any type of social networking to post derogative or negative comments that implicate any fellow teammate, coaching staff member, opponent or those involved with BWHA |

I acknowledge that, as part of my application, the BWHA may verify my references and investigate my background. I am aware that all members of team staff must submit a Vulnerable Sector Screening form and Criminal Records Check.

As team staff, I also agree to attend or participate in any and all association meetings deemed to be mandatory such as but not limited to, pre-season meetings, mid-season and the Annual General Meeting.

As indicated by my signature below, I have provided truthful and accurate information and fully understand my commitment to the BWHA.

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| **Applicant**  **Signature:** |  | **Application Date:** |  |