



# Semiahmoo Minor Hockey Association

## Coaching Application

Semiahmoo Minor Hockey Association

Name:

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Address:

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Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Division and Level you are applying to coach:

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Will you potentially have a child play on this team?

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If yes, what team did your child play on this past season?

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### 1. Certifications/ Coaching Levels

NCCP Number \_\_\_\_\_

List all Certification Programs completed with dates.

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HCSP Safety Certification: Yes / No

Respect in Sport: Yes / No

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### 2. Coaching Experience in the previous three (3) seasons:

Year	Association & Level	Age Group	Position with Team
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**3. Please provide three (3) Coaching References:**

Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Relation to you:

\_\_\_\_\_

Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Relation to you:

\_\_\_\_\_

Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Relation to you:

\_\_\_\_\_

**4. Coaching Philosophy** (Attach documents if necessary)

Please provide a statement of your Coaching Philosophy and examples of issues or events you feel have impacted you as a coach.

\_\_\_\_\_

**5. Season Plan** (Attach documents if necessary)

Please provide your season plan for the team you are applying to coach.

\_\_\_\_\_

**6. Please sign and forward completed application and supporting documents to:**

7.

Semiahmoo Minor Hockey Association

1544 Foster Street

White Rock, BC V4B 3X8

Website: [www.semihockey.ca](http://www.semihockey.ca) or scan and e-mail to [admin@semihockey.ca](mailto:admin@semihockey.ca)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_