

**COACHING APPLICATION FOR THE 2019-2020 SEASON**

**SECTION 1:** CONTACT INFORMATION

Name of Applicant:

Home Phone:       Cell Phone:

Work Phone:       Birth Date:

(Emergencies Only) (yyyy/mm/dd)

Email Address:

Home Address:

 City:       Postal Code:

**SECTION 2:** Division Information

**I wish to apply for the following Division:**

**Do you have a son / daughter at this age?** [ ]  Yes [ ]  No

**Head Coach** [ ]  Minor Novice **Assistant Coach** [ ]  Minor Novice

 [ ]  Major Novice [ ]  Major Novice

 [ ]  Atom [ ]  Atom

 [ ]  Peewee [ ]  Peewee

**Head Coach (List below any people you are considering for part of your coaching staff)**

|  |  |
| --- | --- |
| *Name* | *Position* |
|       |       |
|       |       |
|       |       |
|       |       |

**SECTION 3:** EXPERIENCE/QUALIFICATIONS

**Please provide details of prior coaching positions held:**

Year:       Association/ Team:       Position:

Year:       Association / Team:       Position:

Year:       Association / Team:       Position:

**2019 / 2020 Coaching Requirements**

**NOTE: ALL COACHES AND STAFF MUST COMPLETE ANY OUTSTANDING CERTIFICATIONS BY
OCTOBER 31, 2019 PLEASE DO NOT DELAY IN SIGNING UP FOR A COURSE AS THEY FILL UP EARLY!**



**Please provide details of Coach / Trainer Certifications (Please fill out all certificates that you currently hold that are valid (not expired).**

|  |  |
| --- | --- |
| *Certification Course Name* | *Completion Date / Course Date* |
|       |       |
|       |       |
|       |       |
|       |       |

|  |  |
| --- | --- |
| *Highest Level Played* | *Team Name* |
|       |       |

|  |
| --- |
| *Explain in general terms your Coaching philosophy / style:* |
|       |

|  |
| --- |
| *Why are you volunteering to be a coach / assistant coach:* |
|       |

|  |
| --- |
| *What is your philosophy on ice time (for example – shortening the bench or benching as s form of discipline?)* |
|       |

|  |
| --- |
| *What is your attitude towards winning and losing?* |
|       |

|  |
| --- |
| *What are your strengths?* |
|       |

|  |
| --- |
| *Briefly summarize your proposed seasonal plan:* |
|       |

**SECTION 4:** REFERENCES

**Coaching:**

Name:       Phone:

**Non-Coaching:**

Name:       Phone:

I acknowledge and agree to the above named references being contacted. I am aware that other persons and organizations may also be contacted. I give permission to these persons/organizations to provide information about myself to the Northstars Athletic Club (NSTARS) for purposes of this application.

If accepted to a coaching position with NSTARS, I agree to uphold and abide by any rules and regulations as set forth by the Association, and the goals and philosophies of the Association.

[ ]  I AGREE to terms and conditions.

Name:       Signature: [ ]  *Acknowledgement of Signature*

**Please return completed application** at enac@nstars.com

*Thank you for taking time be a volunteer coach with Edmonton Northstars Hockey!*