

# St. Stephen Minor Hockey Association



## Coaching Application Form

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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

### **Coaching Assignment Requested:**

U7    U9    U11    U13    U15    U18

Competitive\_\_\_\_ Recreation\_\_\_\_

If this choice was unavailable, would you accept a different position? \_\_\_\_\_

Do you have a child in this division/level? \_\_\_\_\_

Would you consider helping another coach with a team? \_\_\_\_\_

### **Certification/Training:**

	<b><u>Year Completed</u></b>	<b><u>Location</u></b>
Introduction to Coaching		
Coach 2		
Development 1		
Development 2		
High performance 1or 2		

Hockey Canada Respect In Sport Certified? Yes No

Hockey Canada Safety Program Certificate? Yes No If yes, expiration date: \_\_\_\_\_

### **Coaching Experience:**

# St. Stephen Minor Hockey Association

## **Hockey** (list in order, starting with most recent)

Year	Team	Age group	Position

## **Other Sports** -(list in order, starting with most recent)

Year	Sport	Team	Age group	Position

## **Hockey Playing Experience** (list in order, starting with most recent)

Year	Association and Team	Level

# St. Stephen Minor Hockey Association

Briefly describe your season plan. Please include your goals for the team, your thoughts on rules and discipline and overall player development philosophy as well as any other pertinent information.

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Based on your knowledge of the team and players, whom do you expect to include on your support staff? (Subject to Executive approval)

Manager: \_\_\_\_\_  
Assistant Coach(es): \_\_\_\_\_  
Trainer/Safety person: \_\_\_\_\_

Why do you want to coach this team?

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## **Undertakings**

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of Hockey Canada, Hockey New Brunswick, Southern New Brunswick Minor Hockey Association and the St. Stephen Minor Hockey Association and agree to carry out and abide by their constitution, bylaws, rules and regulations.
3. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching minor hockey and ensure that I maintain the required level of certification.

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

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

Please email your application to: Sean McSorley, [mcsorley.s.p@gmail.com](mailto:mcsorley.s.p@gmail.com) or Troy Hatt, [troyhatt@gmail.com](mailto:troyhatt@gmail.com)

Deadline – Sept 1, 2022