

**ST. STEPHEN MINOR HOCKEY ASSOCIATION**

**2025 – 2026 COACHING APPLICATION**

**AT WHAT AGE DIVISION DO YOU PREFER?**

* U7 (6 and under)
* U9 Tier 1 (7-8 YEAR OLDS)
* U11 Recreation(9-10 YEAR OLDS)
* U11 Competitive(9-10 YEAR OLDS)
* U13 Recreation(11-12 YEAR OLDS)
* U15 Recreation (13-14 YEAR OLDS)
* U15 Competitive (13-14 YEAR OLDS)
* U18 Recreation (15-17 YEAR OLDS)

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTAL CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANY PREVIOUS S.S.M.H.A./C.C.M.H.A. EXPERIENCE (# OF YEARS, DIVISIONS, ASSOCIATES)**

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**COACHING CERTIFICATES, SPEAK OUT, HSP (LEVEL, WHEN, WHERE)**

(If you do not have Speak-Out, necessary coaching certificate, etc. you MUST be willing to commit time prior to December 15 to attain the appropriate certification). Every team requires a minimum of one volunteer who has taken the HSP Course. Attach copy of relevant documentation, if available. (Cert #’s are required by HNB)

Speak-Out YES/NO Year Completed \_\_\_\_\_\_\_\_\_ Cert #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coaching Certificate YES/NO Level Stream Year Completed \_\_\_\_\_\_\_\_\_ Cert # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hockey Safety YES/NO Year Completed \_\_\_\_\_\_\_\_\_\_ Cert # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criminal Record Check YES/NO Year Completed \_\_\_\_\_\_\_\_\_\_

Other / Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you need to request a Criminal Record Check (including Vulnerable Sector Check) a letter from the President of S.S.M.H.A can be obtained.

**EXPERIENCE OUTSIDE S.S.M.H.A. (INCLUDING OTHER SPORTS)**

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**REFERENCES:**

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**PLAYING EXPERIENCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OTHER TRAINING (I.E. FIRST AID, CPR, ETC):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER VOLUNTEER ACTIVITIES (Including other functions within Minor Hockey):**

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**OTHER DETAILS/SUGGESTIONS THAT YOU FEEL SHOULD BE CONSIDERED:**

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**AS S.S.M.H.A. COACHES AND VOLUNTEERS THE FOLLOWING IS REQUIRED:**

1. CRIMINAL RECORD CHECK, INCLUDING VULNERABLE SECTOR CHECK
2. ADHERENCE TO ALL SSMHA, HNB AND/OR HC RULES INCLUDING:
3. RISK AND SAFETY MANAGEMENT
4. INSURANCE REGULATIONS
5. PLAYER SUPERVISION
6. AFFILIATION PROCEDURES
7. DISCIPLINE/SUSPENSION PROCEDURES
8. FAIR PLAY RULES – Especially CODE OF CONDUCT
9. FUND-RAISING PROCEDURES
10. TEAM SELECTION and EVALUATION PROCESS & PROCEDURE
11. REQUESTS FOR TRAVEL PERMITS
12. PRE-SEASON EVALUATION ASSISTANCE
13. ALL ON-ICE VOLUNTEERS MUST WEAR HELMETS
14. ALL ASSISTANT COACHES AND ON ICE VOLUNTEERS ARE TO BE APPROVED BY THE SSMHA EXECUTIVE
15. THE FOLLOWING COMMENTS/RESPONSIBILITIES SHOULD BE NOTED:

(a) All teams should have a manager and proper team fund management must be instituted (b) All volunteers must provide a minimum of 1 email address (preferably of coaching staff/manager) that is regularly checked

1. Questions/requests should be directed through SSMHA volunteers
2. Based on the League your team plays in, you may have miscellaneous League duties (faxing games sheets, etc.)
3. You may be responsible for ensuring other miscellaneous SSMHA duties are completed,

Including: return of jerseys/equipment, forwarding of team volunteer list, fund raising and tournaments

1. Any possible involvement in non-SSMHA teams (spring hockey, etc.) must not be to the detriment of the SSMHA team or any of the players

By signing this application form you agree to abide by the requirements identified above.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATIONS MUST BE EMAILED TO ststephenminorhockey@gmail.com

DEADLINE for applications - To ensure consideration for a coaching position, written applications and CRC/VSC must be submitted by September 5th,2025