



Chatham Kent Cyclones AAA Hockey Association

2016 – 2017 COACHING & STAFF APPLICATION

THE APPLICANT

If applying for the first time, each member of any proposed staff must complete the Application

Name:			
Address:			
Home Phone:			Cell Phone:
Email:			
What is the highest level of hockey you played:			
<i>Please circle and indicate level:</i>			
Coaching Certification: YES NO		Trainer's Certification: YES NO	
Present Team:			
	(Age/Division)	(Position Held)	(Centre)

Previous Teams:		Year	
		Year	
		Year	
		Year	

AGE/DIVISION PREFERENCE

1.	2.	3.
Names of Proposed Staff:		
(Name)	(Position)	(Contact Number)

If you are not applying for a Head Coach Position, name the Head Coach on whose staff you wish to be placed:

--

If you are not selected for either one of your identified age/division preferences, are you willing to be part of another staff (please indicate team):

--

FOR PARENT APPLICANTS – WHERE DID YOUR CHILD PLAY LAST YEAR?

My Child – Age and Division:	
------------------------------	--

2016-2017 Coaches Application

My Assistant's Child – Age and Division:	
--	--

COMMITMENT

If I am the successful applicant (please initial each item):

1.		I will attend coach mentorship sessions as offered by Chatham Kent Cyclones
2.		I will provide fully completed season plans, practice plans, team budgets and other materials as requested by Chatham Kent Cyclones for the coaches' file.
3.		I will comply with the Chatham Kent Cyclones Code of Conduct Policy
4.		I will comply with the Alliance Code of Conduct included in the Alliance Hockey Speak Out Policies and Procedures Module.
5.		I will ensure that a current Police Reference Check is provided for me and all staff prior to commencing any hockey team activities on and off the ice. This includes the 2016 tryouts.

In addition to games and assigned practices, I expect my team to be involved in the following activities:

--

PERSONAL INFORMATION

Employer and Occupation:	
--------------------------	--

Interests and Hobbies:	
------------------------	--

If you are applying for the first time or if you have been a coach or staff member for less than three (3) years and have not previously completed this Application, please provide three (3) references (excluding persons on your proposed staff) who would be able to comment on your experience, qualifications and character:

1.			
2.			
3.			

(Name) *(Relationship)* *(Contact Number)*

ADDITIONAL INFORMATION

Please provide us with any additional information that you feel is of importance related to your application:

--

INTERVIEW

Please indicate if you wish to be interviewed personally to further discuss your application:

☐

Yes

☐

No

I agree that if selected, I:

- will upgrade coach and/or trainer certifications as requested by Chatham Kent Cyclones
- will attend all coaches meetings; abide by Chatham Kent Cyclones Constitutions and By-laws
- will comply with all rules and regulations of Chatham Kent Cyclones and those controlling bodies
- understand that the Coaches Selection Committee may contact other members of the Chatham Kent Cyclones, my references and other associations concerning this application.

Signed:		Dated:	
---------	--	--------	--

RETURN TO

Chatham Kent Cyclones Selection Committee
Via e-mail at: treasurer@chathamkentcyclones.ca
Via regular mail at: Chatham-Kent Cyclones
P.O. Box 33
Chatham ON N7M 5K1

Applicants should submit their application by February 14, 2016. It is anticipated that the review process and/or interviews, if deemed necessary, will be scheduled the last week of February, first week of March 2016.