

***Chatham Kent Cyclones***

***AAA Hockey Association***

**2019 - 2020 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:       |
| *Please circle and indicate level:***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: |  |
| 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:

|  |
| --- |
|  |

**SELECTION**

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: |  |

**SPECIAL NOTES**

 *Applications should be submitted no later than* ***January 19, 2019****.*

*Note: All Head Coaching positions are considered* ***\*Open\**** *annually and all potential coaches, including returning coaches, must complete the application and may be required to attend an interview.*

**RETURN APPLICATIONS 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**