



Smiths Falls Minor Hockey Association

SMITHS FALLS MINOR HOCKEY ASSOCIATION HEAD COACH APPLICATION 2024-25 SEASON

Application deadline

- Rep Teams April 15th, 2024
- House Team June 30th, 2024

Please forward your application to the SFMHA Coaching Director coach@sfmha.ca

Name:				
Home Address:				
City/Town:	Province:		Postal Code:	
Telephone:	Home:		Cell:	
Email Address:				

1. I am interested in a position as head coach for:

	Age Group	Level
First Choice (Circle)	U7, U9 , U11, U13, U15, U16, U18	<ul style="list-style-type: none"> • Rep B or <i>U9 Tier 2</i> • B House or <i>U9 Tier 3</i> • C House or <i>U9 Tier 4</i>
Second Choice (Circle)	U7, U9 , U11, U13, U15, U16, U18	<ul style="list-style-type: none"> • Rep B or <i>U9 Tier 2</i> • B House or <i>U9 Tier 3</i> • C House or <i>U9 Tier 4</i>



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2. Previous Hockey Coaching Experience - *(list 3 most recent)*:

Year	Organization	Age Group	Level	Head Coach (Y or N)

3. Previous Coaching Experience in other Sports *(list 3 most recent)*:

Year	Organization	Age Group	Level	Head Coach (Y or N)

4. Reference 2 people that are familiar with your hockey involvement:

Name	Phone	Email



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5. Certifications

Course/Certification	Minimum Requirements for:	Date Completed Certification #
Gender Identity and Expression Course (Online)	<ul style="list-style-type: none">• All Levels• All Team Positions.	
Hockey University Online Coach 1/2 Course (Online)	<ul style="list-style-type: none">• All Levels.• All Coaches.	
Coach 1 Intro to Coach Trained	<ul style="list-style-type: none">• U7 and U9.• All Coaches.	
Coach 2 Coach Level Trained	<ul style="list-style-type: none">• U11 and higher.• All Coaches.	
Development 1 Rep Coach Level Trained	<ul style="list-style-type: none">• U13 and higher.• All REP Coaches.	

HEO link to check required certifications:

<http://www.hockeyeasternontario.ca/pages/coach/coachcert.php>

As per Smiths Falls Minor Hockey Association, a **Vulnerable Sector Check (VSC)** is to be completed every three years and for all new volunteers. A VSC **must** be submitted to be approved on a team roster. The roster will **not be approved until ALL bench staff** have submitted their VSC. Please email Allison Staples at allison.staples@ocdsb.ca for a copy of the SFMHA Volunteer Confirmation Letter.



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6. Declarations

1. I hereby consent to the disclosure of the above information.	
2. I hereby acknowledge the authority of Hockey Canada, Hockey Eastern Ontario, Ottawa District Minor Hockey Association (ODMHA), District One, Upper Canada Minor Hockey League (UCMHL) and SFMHA and agree to carry out and abide by their constitutions, bylaws, rules, policies and regulations. I further agree that, should I act contrary to these constitutions, bylaws, rules, and regulations, I may be relieved of my coaching responsibilities at the discretion of the SFMHA Executive Committee.	
3. I hereby agree that, as part of the process to become a coach for SFMHA, I will sign a "Code of Conduct" agreement and I further agree that I will abide by the principles and conduct described therein. I further agree that, should I not abide by the principles and conduct described therein, I may be relieved of my coaching responsibilities at the discretion of the SFMHA Executive Committee.	
4. I hereby agree to familiarize myself with the requirements for coaching minor hockey and will ensure that I meet the required level of certification/training.	
5. By way of this application, I give permission to SFMHA to contact my coaching references and to conduct a background check on me that includes a criminal record search and a search for other relevant police information.	

Print Name: _____ Signature: _____

Date Signed: _____