

TNT MINOR HOCKEY COACH APPLICATION

NAME:							
ADDRESS:							
HOME NUMBER:	HOME NUMBER: CELL NUMBER:						
EMAIL ADDRESS:							
Division you would like to							
	lect 7	Minor Peewee AE	Bantam AA				
<i>'</i>	ovice AE	Minor Peewee AA	Minor Midget AE				
	ovice AA	Peewee AE	Minor Midget AA				
	inor Atom AE	Peewee AA	Midget AE				
	inor Atom AA	Minor Bantam AE	Midget AA				
	om AE	Minor Bantam AA	Juvenile AA				
Midget LL At	om AA	Bantam AE					
Intro to Coach 2	Level/Year C	Completed					
Development 1							
Development 2							
Speak Out							
Checking Skills							
Safety							
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Year Level + (H	L, Select, AE, A, A	AA or Association	Role/Responsibil	ity			
Hockey Coaching Experience List in order, starting with Year Level + (H			Role/Responsibil	ity			

Briefly describe your coaching philosophy:			
Please check the appropriate response.			

rease effect the appropriate response.		
Do you have a child registered with TNTMHA?	Yes	No
If a coaching position were not available in the age group of your choice, would you be willing to coach in another division? if yes, which division?		No
Are you certified for the level for which you are applying?		No
If you are not certified at the required level, are you willing to take a course to attain the required level		No
Are you currently active as a volunteer with TNTMHA? If yes, in what capacity?		No

Coach References:

All RETURNING coaches: Please provide a minimum of three references from current team parents. (Excludes manager, on-ice assistants and all coaching staff)

All NEW coach applications: Please provide a minimum of three references that TNTMHA coach selection committee can contact for a NEW coach performance/review reference

Name	Home Number	Cell Number	Relationship

Declaration:

I hereby authorize TNT Minor Hockey Association (TNTMHA) to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements. Should I be selected, I further agree to abide by the Constitutions, Bylaws, and Policies of TNTMHA. I agree to provide a volunteer criminal record check to TNTMHA and I understand that I may be removed as a team official if the criminal record check is not satisfactorily completed and received in the office by August 1st of the current hockey season.

Signature of Applicant	Date	

All applications should be submitted to the TNTMHA office at:

The New Tecumseth Recreation Centre 7300 Industrial Parkway Alliston, Ontario

or via email: tntminorhockey@bellnet.ca