



TNT MINOR HOCKEY COACH APPLICATION

NAME:

ADDRESS:

HOME NUMBER:

CELL NUMBER:

EMAIL ADDRESS:

Division you would like to coach (v):

Mites HL		Novice AE		Peewee AE		Minor Midget MD	
IP HL		Novice AA		Peewee AA		Minor Midget A	
Tyke HL		Minor Atom AE		Minor Bantam MD		Minor Midget AA	
Novice HL		Minor Atom AA		Minor Bantam A		Midget MD	
Atom HL		Atom AE		Minor Bantam AA		Midget A	
Peewee HL		Atom AA		Bantam MD		Midget AA	
Bantam LL		Minor Peewee AE		Bantam A			
Midget LL		Minor Peewee AA		Bantam AA			

Certification/Training:

Level/Year Completed	
Coach 1	
Coach 2	
Development 1	
Gender Identity Training	
Speak Out	
Checking Skills	
Safety	
Other	

Hockey Coaching Experience:

(List in order, starting with the most recent)

Year	Level + (HL, Select, AE, A, AA or AAA)	Association	Role/Responsibility

Coach References:

- 1. All **RETURNING** coaches: Please provide a **minimum of three references** from current team parents. (*Excludes manager, on-ice assistants and all coaching staff*)
- 2. 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

Briefly describe your coaching philosophy:

Please check the appropriate response.

Do you have a child registered with TNTMHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <input type="text"/>)	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Are you certified for the level for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
If you are not certified at the required level, are you willing to take a course to attain the required level	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Are you currently active as a volunteer with TNTMHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
If yes, in what capacity?	<input type="text"/>	

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 are to be submitted to the TNTMHA office at:

The New Tecumseth Recreation Centre
7300 Industrial Parkway, Alliston

or via email: tntminorhockey@bellnet.ca