Dundas Minor Hockey Association Junior / Senior House League Head Coaching Application 2016-2017 Season

| Name: | | | | | | | |
|--|------------------|-------------------------|------|---------------|-------------|----------|--|
| Address: | | | | | | | |
| Telephone: | | | | | | | |
| Email Address: | | | | | | | |
| By filling in this application I agree to abide by the following DMHA Rules, Policies and Codes of Conduct as posted on the DMHA website www.dmha.ca - see "Rules of Operation": | | | | | | | |
| Coach's Code of Conduct DMHA Code of Conduct. City of Hamilton Zero Tolerance Policy. | | | | | | | |
| I understand that the DMHA reserves the right to remove any coach found to be in violation of the Codes of Conduct and or City of Hamilton Zero Tolerance Policy. | | | | | | | |
| I also understand that submitting this application does not guarantee a coaching position. A selection process will take place if there are several applicants within a division. | | | | | | | |
| The DMHA will only appoint the head coaching staff. | | | | | | | |
| | | | | | | | |
| Level applyin | g for (circle o | <u>ne)</u> | | | | | |
| IP 4+5 yrs. | IP 6 yrs. | Novice | Atom | Peev | wee | | |
| Bantam | Midget | Juvenile | | | | | |
| Current level | of certification | (circle one) | | | | | |
| Coach 1 | Coach 2 | Development 1 or higher | | Other (provid | de details) | | |
| Certification Number: | | | | | | | |
| PRS Number (Speak Out Clinic): | | | | | | | |
| Police check (when taken): | | | | | | | |
| Were you a Head Coach, Assistant Coach, Trainer, or Manager last season with DMHA? If so, what division and team? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| REFERENCES: List 3 personal references other than relatives that we may contact: | | | | | | | |
| Name | _ | Address | | | Phone | 3 | |
| | | | | | | | |

Please complete questions #1 thru 5

| 1. Why do you want to coach a House League team for the DMHA? | | | |
|--|--|--|--|
| 2. Please give a summary of your <i>coaching</i> background (Within hockey or any other Sport) to assist us in the evaluation of your application. You may also include a brief summary of your playing experience and any duties served within a minor hockey organization. (You may add a separate sheet.) | | | |
| 3. Hockey Development is key to the growth of a player and coaching staff. How do you see hockey development, provided for by DMHA, as being part of your coaching philosophy and style? | | | |
| 4. Have you ever been dismissed or suspended for action related to hockey or any other amateur sports organization? If yes, explain. | | | |
| 5. What are your expectations of DMHA? i.e. What would you like to see from the DMHA to help you with your coaching of a team this season? | | | |
| • Important Note Regarding Certification: All bench staff (Coaches and Trainers) must have the required OMHA certification by November 15 th of the current hockey season or they will be removed from the team's roster. These individuals will not be allowed to participate in any team activities either on the ice or on the bench, until the required certification is obtained. | | | |
| Minimum requirements for coaching House League are as follows: | | | |
| All Head Coaches in IP, Novice and Atom Divisions must have all of: | | | |

1. Coach 1 Certification

3. Police Check

2. Prevention Services Certification

All Head Coaches in Peewee, Bantam, Midget and Juvenile Divisions must have all of:

- 1. Coach 2 Certification
- 2. Prevention Services Certification
- 3. Police Check
- The DMHA will only reimburse the set amount for coaching and trainer clinics for the **minimum** certification requirements.
- Individuals wishing to obtain a higher level of certification must first obtain approval from the DMHA before they will be reimbursed.
- Any person who wishes to help out in an official capacity such as coach, assistant, trainer, manager or on-ice helper must obtain a prevention services (PRS) number and a police background check.
- OMHA certification clinic listings can be found online at www.omha.net

| <u>Authorization for</u> | Collection | <u>ot Personal</u> | <u>information:</u> |
|--------------------------|------------|--------------------|---------------------|
| | | | |

| Applicant Signature | |
|---|--|
| appropriate to the position applied for to verify the or also understand that in order for my application to reference check. I understand that the information or all the information of the control of | be considered, I must obtain and submit a criminal |
| · | nor Hockey Association to collect personal information |

Please Submit Signed Applications To:

DMHA P.O. Box 65526, Dundas Postal Outlet, Dundas, Ontario L9H 6Y6

Or alternatively:

DMHA office at dmhainfo@gmail.com