



# Coaching Application

Date: \_\_\_\_\_

Name : \_\_\_\_\_

Phone: Home \_\_\_\_\_

Address : \_\_\_\_\_

Work \_\_\_\_\_

City: \_\_\_\_\_

Cell \_\_\_\_\_

Postal Code: \_\_\_\_\_

email: \_\_\_\_\_

NCCP No. : \_\_\_\_\_

Team :

**1st Choice**

**2nd Choice**

**Level of Play**

- U8 (Bunny)
- U10 (Novice)
- U12 (Petite)
- U14 (Tween)
- U16 (Junior)
- U19 (Belle)
- Open

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- U10 (Novice)
- U12 (Petite)
- U14 (Tween)
- U16 (Junior)
- U19 (Belle)
- Open

- Regional
- Provincial A
- Provincial AA

Position:

- Head Coach
- Ass't Coach
- Trainer
- Manager

- Head Coach
- Ass't Coach
- Trainer
- Manager

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

National Coaching Certificate Program ( NCCP ) level of certification:

- |                                    |           |                                  |                                  |                                  |
|------------------------------------|-----------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> CSI       | Theory    | <input type="checkbox"/> level 1 | <input type="checkbox"/> level 2 | <input type="checkbox"/> level 3 |
| <input type="checkbox"/> CI        | Technical | <input type="checkbox"/> level 1 | <input type="checkbox"/> level 2 | <input type="checkbox"/> level 3 |
| <input type="checkbox"/> Gradation | Practical | <input type="checkbox"/> level 1 | <input type="checkbox"/> level 2 | <input type="checkbox"/> level 3 |



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What is your coaching philosophy? Attach sheet if necessary.

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Coaching Resume: What teams have you coached in the past 5 years?

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What is the anticipated role of your co-coaches, assistants, managers & trainers?

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What are your team initiatives, objectives and goals?

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### References:

Please list three (3) references (ie.players 12 and over, parents, professionals)

1

2

3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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By signing, I agree that the above information is correct and I agree to let St. Marys Ringette Association contact my references listed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

