HURON HEAT FEMALE HOCKEY ASSOCIATION ("HHFHA") BENCH STAFF APPLICATION FORM – 2017/2018 Season



All sections must be completed.

Please complete this online application the team(s) you are interested in. The deadline for submitting your application is March 6, 2017 as this will give the Executive time to choose the coach for tryouts.

Personal Information

Name:	
Email address:	
Mailing address:	
Home Phone #: _	
Cell Phone #:	

Team(s)/Position(s) applying for

Team	Place (X) i	n the box of y	our desired tea	am and position
Fundamentals 1	Coach	Trainer	Manager	Team Rep
Fundamentals 2	Coach	Trainer	Manager	Team Rep
Novice Tier 1	Coach	Trainer	Manager	Team Rep
Novice Tier 2	Coach	Trainer	Manager	Team Rep
Atom Tier 1	Coach	Trainer	Manager	Team Rep
Atom Tier 2	Coach	Trainer	Manager	Team Rep
Peewee Tier 1	Coach	Trainer	Manager	Team Rep
Peewee Tier 2	Coach	Trainer	Manager	Team Rep
Bantam Tier 1	Coach	Trainer	Manager	Team Rep
Bantam Tier 2	Coach	Trainer	Manager	Team Rep
Midget Tier 1	Coach	Trainer	Manager	Team Rep
Midget Tier 2	Coach	Trainer	Manager	Team Rep

(The list above shows anticipated team(s), which may be different for the season depending on the number of registrations per team).

Current Certification Information

same.	iimi your certification number if it is valid of if you need to reflew of obtain
Coaching C	Certificate Number:
Trainer Cer	tificate Number:
PRS Certific	cate Number:
	g Application Questionnaire (to be completed ONLY if e applied for a coaches position)
HHFHA the Con	ng Applicants may be requested to participate in a short interview with the Coaching Selection Committee. The time and location will be determined by nmittee. Please complete the following questions which will be the focus point atterview.
1. Brie	fly list your coaching/playing experiences.
2. Wha	at are you looking for in the player selection process during tryouts?
3. Wha	at do you think your role is as the coach?
4. Why	do you want to be a coach for the specific team you are applying for?

5.	What is your coaching philosophy (in general terms) with respect to the age group you are applying for?			
	Player Development:			
	Communication:			
	Motivation:			
6.	Who would be your proposed Bench Staff? (optional) Other Coach(es):			
	Trainer(s):			
	Team Rep:			
7.	Please explain why and how the bench staff shall communicate with players/parents:			
8.	References (please provide a minimum of two).			
	Name: Telephone No.:			
	Name: Telephone No.: Telephone No.:			
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Website Consent

Do you agree to us adding your name and contact information to the website? Yes No

All applications are subject to approval by the HHFHA Executive. All members of the Bench Staff are required to fill out a separate application, be properly certified and provide a police check.

The deadline for submitting your application is March 6, 2017.

Please email completed applications to <u>benchstaff@huronheat.com</u> or give your application to one of the executive members. An email confirmation will be sent to the email address you have provided in the above application.