

## 2017-18 HEAD COACH APPLICATION

	APPLICANT IN	IFORMATION			
NAME	BIRTHDATE				
ADDRESS					
CITY	POSTAL CODE				
PHONE	CELI	. PHONE			
EMAIL					
	TEAM PRE	FERENCE			
1 <sup>st</sup> CHOICE					
2 <sup>nd</sup> CHOICE					
3 <sup>rd</sup> CHOICE					
IF THESE POSITIONS WERE NOT AVA ANOTHER LEVEL?	ILABLE WOULD	YOU BE INTERE	STED IN COA	CHING	
NO YES	YES (WHICH TEAM)				
DO YOU HAVE A CHILD/CHILDREN CURRENT TEAM ASSIGNMENT.	CURRENTLY PLA	YING HOCKE	Y? IF YES, PLE	ASE INDICATE THEIR	
CHILD #1	CHII	.D #2			
	HOCKEY CE				
CERTIFICATION LEVEL	CHIP	CS	D1	HP1	
RESPECT IN SPORT (SPEAKOUT)	YES		NO		
LIST SPECIALTY CLINICS	1.				
	2.				
	2. 3.				
	2. 3. PREVIOUS E				
YEAR COACHED DIVISION	2. 3. PREVIOUS E	XPERIENCE EL (REP/HL)	ASSOCIA	ATION/TEAM	
YEAR COACHED DIVISION  1.	2. 3. PREVIOUS E		ASSOCIA	ATION/TEAM	
	2. 3. PREVIOUS E		ASSOCIA	ATION/TEAM	

PROPOSED SUPPORT STAFF (IF KNOWN)		
TRAINER		
MANAG	SER CONTROL CO	
ASST CC	DACH	
ASST CC	DACH/TRAINER	
	REFERENCES	
NAME	PHONE #	
1.		
2.		
3.		
IF YOU ARE GRANTED AN INTERVIEW BE PREPARED TO DISCUSS THE FOLLOWING		
• ,	YOUR STRENGTHS AS A HEAD COACH	
• 1	THE CHANGES YOU FEEL NECESSARY FOR THE TEAM APPLIED	
• !	SHORT AND LONG TERM GOALS FOR THE TEAM APPLIED	
• ,	A 50 MINUTE PRACTICE PLAN	
• /	A BRIEF SUMMARY OF A TYPICAL SEASON PLAN	
	ARE ACCEPTED TO COACH, YOU AND ALL MEMBERS OF YOUR STAFF MUST AGREE TO E A CRIMINAL RECORD CHECK.	
A TEAM PLAYING	NDERSIGNED, AGREE TO ABIDE BY THE BCRHC CONSTITUTION AND BY-LAWS IF SELECTED AS OFFICIAL. I ALSO AGREE TO WHEREVER POSSIBLE TO ALWAYS TRY AND PROMOTE THE GOT HOCKEY AT ITS HIGHEST LEVEL. I WILL ACCEPT FULL RESPONSIBILITY FOR MY ACTIONS CTING AS AN OFFICIAL OF THE BURLINGTON CITY REP HOCKEY CLUB.	
SIGNAT	TURE DATE	