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| **CONTACT INFORMATION** |
| **Name** |  |
| **Street Address** |  |
| **City** |  | **Postal Code** |  |
| **Home Phone** |  | **Cell/Work Phone** |  |
| **Email Address** |  |

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| **TEAM APPLYING FOR** |
| **HOUSE LEAGUE** | **BOX REP** | **FIELD** |
| * Soft Lacrosse
* Paperweight
* Tyke
* Novice
* Peewee
* Bantam
 | * Tyke
* Novice
* Peewee
* Bantam
* Midget
 | * U9
* U11
* U13
* U15
* U17
 |

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|  |  |  |  |  |  |
| Do you have a child playing at this level? | Yes |  | No |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| If these choices are not available, would you accept a different position? | Yes |  | No |  |  |
|  |  |  |  |  |  |

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| **COACHING CERTIFICATE** (If you do not have certification – visit [www.hawkslacrosse.ca](http://www.hawkslacrosse.ca) for upcoming clinics. Note this list will be made available as soon as the OLA has published it to us) |
| NCCP# |  |
| * Box – Community Development Level 1
 |
| * Box – Competitive Introduction Level 2
 |
| * Field – Community Development Level 1
 |
| * Field – Competitive Introduction Level 2
 |
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| **PREVIOUS COACHING EXPERIENCE** (Start with most recent and list non-lacrosse sports last) |
| **Year** | **Team/Organization/Level and Role** |
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| Do you have prospective coaching staff in place? | Yes |  | No |  |  |
| If yes, please list below: |
| **Name** | **Position** | **Certified?** |
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| **Special Skills or Qualifications** |
| Summarize special skills and qualifications you have acquired from coaching/playing experience |
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| **Practical** |
| Summarize your coaching philosophy as it pertains to lacrosse |
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| **Technical** |
| Please give a brief description of your season plan |
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| Have you ever been dismissed or suspended by a Minor Sports Organization? | Yes |  | No |  |
| If yes, please specify: |  |
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|  |  |  |  |  |  |
| Have you ever been involved in a physical altercation with anyone before, during or after a game? | Yes |  | No |  |
| If yes, please specify: |  |
|  |  |

**Vulnerable Sector Check:**

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| --- | --- | --- |
| Vulnerable Sector Check completed in |  | (year).  |
| If you have not completed a check within the last 5 years you must do so and will be arranged after selection. |

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| **What would be some of your anticipated tournaments?** |
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| **I understand that completing a Coaching Application with the HDMLA does not guarantee an interview or coaching position. I agree that if selected, I will:** |
| 1. Upgrade certification programs when necessary to comply with OLA standards. This includes submitting the notebook required to complete the course prior to the deadline.
 |
| 1. Attend all coach’s meetings.
 |
| 1. Comply with the By-Laws and Rules of Operation of the Huntsville District Minor Lacrosse Association.
 |
| 1. I hereby consent to disclosure of this information, and authorize HDMLA to collect information pertaining to this application.
 |
|  |
| **I hereby certify that the above information is true and correct.** |
|  |
| Name (please print) |  |
|  |  |
| Signature |  |
|  |  |
| Date |  |

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| **Our Policy** |
| It is the policy of this organization to promote an environment where all volunteers, players and referees are respected and treated fairly with opportunities to develop leadership qualities. |
| Please submit the completed coaching application to: kyle.shirtliff@sympatico.ca |
| **Deadline for applications to be submitted: January 15, 2016****Coaching interviews to be conducted in early February 2016** |
| Thank you for completing this application form and for your interest in volunteering with us! |