



**SHELBURNE COUNTY MINOR HOCKEY
COACHING APPLICATION
2011 - 2012**

CONTACT INFORMATION	
Name	
Address:	
Phone Number	Cell Phone
Email Address:	
TEAM APPLYING FOR:	
1 st Choice:	2 nd Choice:
If your choices are not available, would you be willing to coach another team? YES NO	
Do you have a son/daughter at this age? YES NO	

COACHING/TRAINERS CERTIFICATION			
Certification	Yes or No	Year Attained	Intend to complete
Initiation			
NCCP 1			
NCCP 2			
HCSP/Trainers			
Speak Out			
Criminal Record Check			
Child Abuse Registry			
Respect in Sport (online)			
PLEASE NOTE: All coaches/trainers must have or be prepared to take the appropriate clinics by November 30. Head coaches are responsible to ensure that the team is properly certified.			

EXPERIENCE: <i>Please list your past coaching experience (Attach personal resume if necessary)</i>		
Season 20__/__	Association:	Duties:
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Season 20__/__	Association:	Duties:
Other relevant training:		

Explain in general terms your Coaching Philosophy:
Why are you volunteering for this position?
What is your philosophy on ice time (for example – shortening your bench or benching as a form of discipline?)
What is your attitude towards winning and losing?
What are your strengths?
What Coaching or Hockey experience do you have to help with your potential coaching position?

Signature:	Date:
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Coaching applications must be submitted to Shelburne County Minor Hockey no later than

September 12, 2011

Shelburne County Minor Hockey

P.O. Box 513,

Barrington Passage, NS

BoW 1Go

Or return to Suzy Atwood – Fair Play/Development Director

Interviews for Coach Applications will be determined on an individual basis.