

**ZORRA GIRLS HOCKEY ASSOCIATION
COACHING APPLICATION
2010 - 2011**

Information and Instructions

All sections of this form need to be completed. Please return the form to the coaching coordinator electronically at rgw019@gmail.com or to Zorra Girls Hockey Association, P.O. Box 538, Thamesford, N0M 2M0. If you would like an electronic copy of this form, please email the coaching coordinator at the email above.

Coaching applications are due by June 1, 2010. Selections are anticipated to be completed by the ZGHA Board meeting in July (date not yet set).

The coaching applications will be processed by the coaching committee and approved by the Zorra Girls Hockey Association.

The selected coaches will be required to:

- select their staff (assistant coaches, trainers, manager, etc.). People interested in these other positions but not as head coach should contact the coaching coordinator or sign up at registration day
- obtain Board approval of staff (after team selection)
- ensure that staff has the required certification
- coordinate police checks for staff
- coaches are the main contact for the ZGHA Board if issues arise

Contact Information

NAME _____

Phone # _____

Home address _____

E-mail _____

I wish to apply as head coach for the following team (circle or bold):

- | | |
|-----------------------------------|---------------------|
| Intermediate (if enough interest) | Midget B |
| Midget C | Midget House League |
| Bantam (B or C) | Bantam House League |
| Peewee (B or C) | Peewee House League |
| Atom C | Atom House League |

If I am not successful for my first choice, my second choice would be _____.

Coaching Experience and Qualifications

Certification No. _____

Certification Expiry Date: _____

Prevention Services No. _____

Please provide details of your coaching experience.

Year: _____ Level: _____ Association: _____

Position held and remarks of the years experience: _____

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Position held and remarks of the years experience: _____

Year: _____ Level: _____ Association: _____

Position held and remarks of the years experience: _____

Please add more pages if necessary

Describe your coaching philosophy (skill development, team operation, setting out team goals, etc.):

List your goals and objectives for the 2009-2010 team that you have applied to coach:

Personal References (name and phone number)

- 1) _____
- 2) _____
- 3) _____

Have you ever been dismissed or suspended from an amateur sports organization? (Circle or bold) Yes / No

Signature: _____

Date: _____

The selection process will include review of the applications and may include contacting references and an in person interview with the committee.

2010-2011 Coaching Coordinators – Rob Walton 519-475-4684
Tom Walton 519-475-4604
