**SIOUX LOOKOUT MINOR HOCKEY ASSOCIATION**

**VOLUNTEER APPLICATION FOR THE 2019 – 2020 SEASON**

**APPLICATION DEADLINE: August 31, 2019**

Email your completed application to SLMHAbenchconvenor@hotmail.com. Late applications

may not be accepted. Preference will be given to applications received before the deadline.

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| **SECTION 1:** CONTACT INFORMATION |
| Name: |       |
| Home phone: |       |  | Cell phone: |       |
| Work phone: |       |  | Birth date: |       |
|  | (emergencies only) |  |  | (mm/dd/yyyy) |
| Address: |       |
| City: |       |  | Postal code: |       |
| Email |       |
|  |  |  |  |  |
| **SECTION 2:** TEAM APPLICATION |
| Check one: | I am a returning volunteer | **[ ]**  | **OR** I am a new applicant | **[ ]**  |
|  |
| I wish to volunteer for the following position(s): |
| Head coach | **[ ]**  | On ice helper | **[ ]**  | Manager | **[ ]**  |
| Assistant coach | **[ ]**  | Trainer | **[ ]**  |  |  |
|  |
| I wish to volunteer in the following league(s): |
| Initiation program (IP) | **[ ]**  | Atom | **[ ]**  | Bantam | **[ ]**  |
| Novice | **[ ]**  | Peewee | **[ ]**  | Midget | **[ ]**  |
| My child/children play in the division(s) I have applied for: Yes [ ]  **OR** No [ ]  |
| I am willing to coach on a team I did not apply for: Yes [ ]  **OR** No [ ]  |
| List below any people you would like to coach / volunteer with: |
| Name: |       |  | League: |       |
| Name: |       |  | League: |       |
| Name: |       |  | League: |       |

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| **SECTION 3:** QUALIFICATIONS & EXPERIENCE |
| ALL VOLUNTEERS MUST COMPLETE REQUIRED CERTIFICATIONS BEFORE PERMITTED ON THE BENCH / ICE.Please check any courses you have completed (see Appendix for list of required courses): |
| Gender Identity Training | [ ]  | Respect in Sport (Activity Leader) | [ ]  |
| Coach 1 – Intro to Coach | [ ]  | Hockey University Coach 1 & 2 (Online) | [ ]  |
| Coach 2 – Coach Clinic | [ ]  | Hockey University Checking (Online) | [ ]  |
| Hockey Trainer Certification Program (HTCP) – Level 1 | [ ]  |
| Hockey Trainer Certification Program (HTCP) – Level 2 | [ ]  |
| Valid Standard First Aid & CPR  | [ ]  | If yes, expiration date: |       |
| Other (e.g. Development 1, small area games):  |       |
|       |
|       |
|  |
| Coaching experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Position | Association / Sport | League / Age |
|       |       |       |       |
|       |       |       |       |
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| Have you ever been suspended / disciplined in a volunteer position?  | YES [ ]  | NO [ ]  |
| If yes, provide details: |       |
|       |
|       |
|  |
| **SECTION 4:** REFERENCES |
| *COACHING* | Name: |       | Phone: |       |
|  |  |  |  |  |
| *NON-COACHING* | Name: |       | Phone: |       |
|  |  |  |  |  |  |
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| **SECTION 5:**  TERMS & CONDITIONS |
| I hereby declare the information I have entered to be true to the best of my knowledge. | [ ]  |
| I agree to obtain a Police Vulnerable Sector Screen and submit it to Hockey Northwestern Ontario (HNO) by email (records@hockeyhno.com) or mail (Attn: Executive Director, HNO, 107 Cumberland St North, Thunder Bay ON, P7A4M3). **OR**I declare that since my last Police Vulnerable Sector Screen (currently valid and on file with HNO) I have had no criminal charges or convictions under the Criminal Code of Canada, up to and including the date of this declaration, for which a pardon has not been issued or granted under the Criminal Records Act (Canada). | [ ] [ ]  |
| I understand the above-named references may be contacted, and I give permission for these persons / organizations to provide information about myself to SLMHA for the purposes of this application. | [ ]  |
| If accepted to a coaching position with SLMHA, I agree to uphold and abide by any rules and regulations as set forth by the Association, the SLMHA Constitution, and the goals and philosophies of the Association. | [ ]  |
| I understand that I may be subject to discipline or suspension at the discretion of the SLMHA Board of Directors. | [ ]  |
| I AGREE TO ALL TERMS AND CONDITIONS ABOVE. |
| Name: |       | Signature: |  |
| If submitting electronically, check this acknowledgement box in lieu of signature:  | [ ]   |
| **APPENDIX:**  REQUIRED COURSES |
| Respect in Sport - Activity Leader and Gender Identity Training required for ALL volunteers in ALL divisions, in addition to:

|  |  |  |  |
| --- | --- | --- | --- |
| Division | Head Coach | Assistant Coach | Trainer |
| IP & Novice | Coach 1 | Coach 1 | Level 1 |
| Atom, Peewee, Bantam, Midget | Coach 2HU Checking Skills | Coach 2 is strongly recommended | Level 1 |
| \*Coach requirements are different for affiliate / AA teams. |

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| **COACH’S CODE OF ETHICS** |
| I will place the emotional and physical well being of my players ahead of a personal desire to win.I will treat each player as an individual remembering the large range of emotional and physical development for the same age group.I will remember that players play to have fun and that by giving them the opportunity to improve their skills, they will gain confidence in themselves and develop self-esteem.I will ensure that my players are provided with a safe playing situation.I will do my best to organize practices that are fun and challenging to all my players and will teach my players to play fairly and to respect the rules, officials and opponents.I will lead by example in demonstrating fair play and sportsmanship to all my players and will encourage them to be team players.I will be generous with praise when it is deserved; I will be consistent and hones, fair and just. I will refrain from publicly criticizing individual players and will learn to be a more effective communicator and coach.I will remember that players need a coach that they can respect. I will be a positive role model to my players and display emotional maturity.I will strive to upgrade my coaching skills. I will remember that as a minor hockey coach, the game is for the players, not the parents. |
| [ ]  I agree to uphold the Coach’s Code of Ethics. |
| Name: |       | Signature: |  |
| If submitting electronically, check this acknowledgement box in lieu of signature: [ ]  |