



Chedoke Minor Hockey League

Home of the Express
Est. 1994

Chedoke Express Select Head Coach Application

Your Contact Information

Name	
Address	
City	
Postal code	
Phone	
E-mail address	

Specify in numeric order of preference all divisions you would accept a position for

U11	U13	U15	U16	U18
_____	_____	_____	_____	_____
If you have children that will try out for any teams you're applying for, what are their birth years?				
Note: It's possible additional Select teams may be offered in some age groups				



SECTION 1

Coaching Experience and Philosophy

Please list your recent coaching experience.

Year	Association	Tier	Division	Position

Certifications (e.g. Coach Stream, D1, Trainer, Police Check, RIS, Gender etc)

Course	Date completed

Why do you want to coach this team?

What are your coaching strengths and weaknesses?

What are the most important things you would like to accomplish with this team?

Describe your coaching philosophy

Describe your season plan

Describe how you plan and execute a practice

Additional comments

SECTION 2

Section 2 is to be completed in reference to your most recent coaching position regardless of when/where it was.

Season Review

Describe the parts of your season and overall experience that you're pleased with.

Describe the parts of your season and overall experience that were challenging.

What have you learned and what would you do differently, if anything?

Additional comments

SECTION 3

References			
Name	Nature of relationship	Phone	Email address

SECTION 4

Submitting an application is your agreement to these statements.

1. The successful candidate for Head Coach of a Chedoke Select Team will select his/her staff members with input and final approval from the Chedoke Executive.
2. I agree to abide by all Chedoke Minor Hockey Rules, Policies, Manuals and guidelines, and those of its governing bodies.
3. I agree to commit my time and energy to evaluate, select, manage and care for the best interests of the Select team that I coach.
4. I agree to select players and coaches that possess quality hockey skills and knowledge, as well as a positive attitude towards players, coaches and parents. In addition, I agree to be objective in my selections and not let my affiliations with friends, families, religions and other sports organizations influence my selections.
5. I understand that, as with all volunteer positions, I hold this position as a privilege and a majority decision of Board members at any duly-organized Chedoke Executive meeting can affect changes at any time.
6. I understand that my time commitment to this position is significant and I will endeavor to prioritize my obligations related to coaching this team.
7. I understand that there may be travel required to tournaments and exhibition games.
8. I agree to communicate any and all pertinent information to the players and parents in a timely fashion, and likewise to the relevant members of the Chedoke Minor Hockey League Executive.

Please return this document by email as follows:

U13 and younger to juniorselect@chedokeminorhockey.com.

U15 and older to seniorselect@chedokeminorhockey.com.

When you submit an application, you will receive an acknowledgement by email. If you do not receive this acknowledgement within five days, please follow-up to ensure that it was received.

Applicants who are selected for interviews will be contacted by the Select Coach Selection Committee.

Date _____