



ESPANOLA MINOR HOCKEY ASSOCIATION, P.O. BOX 5076, ESPANOLA, ON P5E 1S1  
**2020-2021 Coaching and Bench Staff Application**

Name: \_\_\_\_\_ Home Phone : (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

**POSITION(S) APPLYING FOR: Indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices.**

	Division	Position
1 <sup>st</sup> choice		
2 <sup>nd</sup> choice		
3 <sup>rd</sup> choice		

*Division – U7, U9, U11, U13, U15, U18*

*Position – Head Coach, Asst. Coach, Trainer, Manager*

Will you have a child playing on the team selected?     Yes             No

**Past Coaching Experience:**

YEAR	DIVISION (Novice, etc.)	Position

**HOCKEY CANADA CERTIFICATIONS:**

Speak Out –or- Respect In Sport:    YES  NO  HN# \_\_\_\_\_ Date: \_\_\_\_\_

Initiation Program:                      YES  NO  IN# \_\_\_\_\_ Date: \_\_\_\_\_

Coach Level:                                YES  NO  CN# \_\_\_\_\_ Date: \_\_\_\_\_

Gender Identity:                      YES    NO    HN# \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*\*Certification numbers can be provided at a later date should you not have them readily available\*\*\**

Willing to obtain required certifications as per NOHA/EMHA regulations: YES  NO



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Describe your coaching philosophy (attach separate sheet if necessary):

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Please provide a list of potential bench staff if you were selected for a head coach position:

Assistant Coach: \_\_\_\_\_

Trainer: \_\_\_\_\_

Declaration:

I agree that if selected, I will upgrade my coaching skills as required by EMHA\*\*, attend all coaches meetings, abide by the EMHA Constitution and NOHA Code of Conduct, comply with all rules and regulations of EMHA and NOHA, and undergo a Criminal Record Check including Vulnerable Sector (if a new team official with EMHA or if such check has not been completed within the last 3 years). I understand that failure to complete the requirements may disqualify me from volunteering.

I also agree to, wherever possible, promote the playing of hockey at its highest level. I will accept full responsibility for my actions while acting as a team official of the EMHA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- For applications for Coaches, or Managers, please forward your application to Steve Campbell, Coaches Coordinator at: [coaches@espanolaminorhockey.com](mailto:coaches@espanolaminorhockey.com)
- For applications for Trainer positions, please forward your application to Shawn Ellin, Trainer Coordinator at: [trainer@espanolaminorhockey.com](mailto:trainer@espanolaminorhockey.com)

Or mail to: Espanola Minor Hockey Association, P.O Box 5076, Espanola, ON P5E 1S1

**\*\*EMHA will assist all volunteers in obtaining required courses and certifications. EMHA reimburses for the cost of these mandatory courses (course must be pre-approved by EMHA).**