

**F.F.D.M.H.A.**  
**Head Coaching Application**  
**2009-10**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

(number (green sign), street, apt, rural route #)

\_\_\_\_\_, Ont. \_\_\_\_\_

(Town)

(Postal Code)

**COACHING NCCP CERTIFICATION**

**OMHA or NCCP CERTIFICATION**

Rec. Coach (\_\_\_\_\_) Year attained: \_\_\_\_\_ # \_\_\_\_\_

D1 Coach (\_\_\_\_\_) Year attained: \_\_\_\_\_ # \_\_\_\_\_

D2 Coach (\_\_\_\_\_) Year attained: \_\_\_\_\_ # \_\_\_\_\_

**SPEAK OUT – ABUSE & HARASSMENT CLINIC**

(\_\_\_\_\_) Year attained: \_\_\_\_\_ # \_\_\_\_\_

For what team are you applying to coach? \_\_\_\_\_

If that team is not available, would you be willing to accept an alternate position?

YES

NO

Please list the past teams (most recent 5) that you have coached/worked with.

Year	Team	Position Held

Please provide two references (Name, address & phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

Do you have a son/daughter that would be playing on the team you are applying for?

YES

NO

Do you strongly feel that he/she is capable of making this team? Why?




**5. How will you ensure that all parents and players are provided information communicated from the Executive?**


**6. For the team that you have applied, briefly describe your coaching style:**


**7. In your opinion, what skills/strategies should the players develop during the upcoming season?**


**\*\*Please forward the completed Application Form to Terry Bennett (Supervisor of Coaches and Managers or mail to: (OMHA Teams Deadline: April 19, 2009)**

**F.F.D.M.H.A  
P.O. Box 427  
Fenelon Falls, ON.  
K0M-1N0**

**Thank-you in advance for applying!  
Without dedicated volunteers, Minor Hockey would not be possible.**