



## **St. Boniface Minor Hockey Association** **Coaching Application Form**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Email: \_\_\_\_\_ Community Club: \_\_\_\_\_

What team are you applying to coach? \_\_\_\_\_

Do you have a son/daughter at this age division?      Yes                  No

What team did your son/daughter play for last season? \_\_\_\_\_

Please indicate what level of NCCP Certification that you have acquired:

- Initiation
- Coach
- Intermediate
- Advanced
- I am not currently certified

Please list the previous 2 minor hockey teams that you have coached:

1) \_\_\_\_\_

2) \_\_\_\_\_

All coaches MUST successfully complete the ***Speak Out: Respect in Sport*** on-line clinic. To obtain this certification, please visit the Hockey Manitoba website for complete details.

The website address is [www.hockeymanitoba.mb.ca](http://www.hockeymanitoba.mb.ca)

**Please Note:** All coach applicants will be subject to a Child Abuse Registry check.

Do you have any other comments, experience or accomplishments that are noteworthy?

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If you are not selected as Head Coach for the team, would you consider volunteering as and assistant coach or manager?      Yes                  No