



WLMHA COACHING APPLICATION

PERSONAL INFORMATION

Name _____

Address _____

Phone _____

E-Mail _____

TEAM APPLYING FOR

First Choice _____

Second Choice _____

CERTIFICATION-please list all certifications you possess

EXPERIENCE-list in order starting with most recent

Please describe your coaching philosophy

List 3 Coaching areas that you consider your strengths

List 3 Coaching areas that you wish to improve on

How do you feel about shared practices and utilization of practice time

What criteria will you use in choosing your bench staff

Describe how you would run a typical practice

What is your philosophy in regards to ice time

If you have a child trying out/playing on the team, please rate them on a scale of 1-10 with 10 being the strongest, 1 being the weakest

COACHING ACKNOWLEDGEMENT & AGREEMENT

- I hereby acknowledge and agree to abide by the WLMHA code of conduct
- I understand that player development is a priority of WLMHA and I support this
- I acknowledge that a list of my bench staff must be submitted and approved by WLMHA coach selection committee prior to first team practice
- I acknowledge the Code of Conduct requirement as it relates to behaviour towards players, parents and OFFICIALS

I have read and understand the above statements and agree to conduct myself in a manner that demonstrates the standards established in the Coaching Code of Conduct and Coaching Code of Ethics

Signature

DATE

RETURN APPLICATION BY E-MAIL

To: Rob Tait, Coach Selection Committee
cometscoachRob11@gmail.com

DEADLINE IS AUGUST 1, 2022