**SHELBURNE MINOR HOCKEY**

**REP COACH APPLICATION**

**2024 – 2025 SEASON**deadline for submission: April 16th 2024

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| --- |
| Applicants Name: |
| OMHA Member #: | Date of Birth (dd/MM/YYYY): |
| Address: |
| City: | Postal Code: |
| Home Phone: | Work Phone: |
| Cell Phone: | Email: |

A yearly criminal background check or signed SMHA declaration must be submitted prior to start of the regular season.

|  |  |
| --- | --- |
| Coach 2-Coach Level Certified: | Issued Date: |
| Development 1 Certified: | Issued Date: |
| High Performance 1 Certified: | Issued Date: |

Head Coaches will be responsible for bench staff having their necessary credentials AND criminal background checks completed.

**Team(s) Requested –**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **U11(Atom)** | **U13****(Peewee)** | **U15****(Bantom)** | **U18****(Midget)** |
| REP |  |  |  |  |
| AE (if applicable) | X | X | X | X |
| Local League | X | X | X | X |

|  |  |
| --- | --- |
| Do you have a child playing with SMHA?: Yes No | If Yes, what age group? |
| If your above choices are unavailable, would you accept a different position (i.e Assistant Coach, Trainer, etc) Yes No |
| Alternate position requested: |

I confirm that the information provided is true and correct to the best of my knowledge and hereby unconditionally agree to release collection and verification of any available, required or supplied information, be it personal or otherwise, in consideration of my application.

I understand the SMHA will treat my information as confidential and limit dissemination on a need to know basis only.

Please email the completed REP coach application to: Brian Greer brian\_greer8@hotmail.com, Kevin Hill kevinhillSMHA@outlook.com.

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

Interviews will be scheduled: April 22-28