



**Wallaceburg Minor Hockey
Association**

1644 Dufferin Ave, P.O. BOX 22013
Wallaceburg, ON
N8A 2X0
www.wallaceburghockey.com

Please list Coaching staff by choice (if you have it already)

Choice	Manager	Trainer	Assistant	Assistant
1				
2				
3				
4				

Please detail coaching experience:

What is the highest level of Hockey coaching experience and playing experience?

Please describe your coaching philosophy as it relates to the age division you are applying to coach:



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What are your team initiatives, goals and objectives for the upcoming season?

Commitment:

If I am the successful Applicant (please initial each item)

1		I will attend coaches meetings and clinics offered by WMHA
2		I have a copy of the policies and procedures of the WMHA and have read them in entirety
3		I have a copy of the WMHA constitution and have read it in entirety
4		I will comply with the WMHA Constitution , and the Policies and Procedures of the Association
5		I will ensure that a current Police Vulnerable Sector Search is provided to the Secretary of the Association for me and my staff prior to commencing any team activities.
6		I have never been suspended by any amateur sports organization

In addition to games and assigned practices, I expect my team to be involved in the following activities:

Additional Information:

Please provide any additional information that you feel is of importance related to your application:

Interviews will be scheduled beginning April 6, 2015; you will be contacted with your date and time.