 

# Niagara Girls Hockey Association

5152 Thorold Stone Road, The Gale Centre

Niagara Falls, Ontario L2E 0A2

[www.nfgha.com](http://www.nfgha.com) / president@niagaragirlshockey.com

### House League Coach /Volunteer Application Form 2024-2025 SEASON

Surname: First Name:

Address: City: Province:

Postal Code: E-Mail:

Home Phone # Cell Phone #

By submitting this application; I, as a volunteer, am aware that I and my coaching staff must:

* Provide a Police Criminal Record Background Check (or proof of application) prior to October 15th, 2024.
* Obtain the required certification (or proof of registration), including the “Speak Out” prior to October 15th, 2024.
* I understand that if I do not meet these requirements, I will be removed from the Coaching Staff. (initial)\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST FOR 2024-2025 SEASON – Please check one per area below.

I am applying: as an individual with a complete coaching staff

Position: Head Coach Assistant Coach Trainer Manager

Executive Member

List of Staff:

Assistant Coaches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOUSE LEAGUE

Division: U9 U11 U13 U15 U18 U22

THE ACTUAL TEAMS OFFERED WILL DEPEND ON FINAL REGISTRATONS AND PLAYER ABILITY.

Would you be willing to accept a position other than what you have indicated above?

Yes No If Yes, please specify which position(s)

Coach Certification Trainer Certification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coach Level | Year Attained |  | Trainer Level | Expiry Date |
|  |  |  |  |  |
| Coach Cert. number |  |  | Card number |  |

Have you attended the Speak Out (Abuse and Harassment) Clinic? Yes No

If Yes, please specify the date you attended and the Number:

Coaching Experience (not Required for Current NFGHA coaches)

|  |  |  |  |
| --- | --- | --- | --- |
| Seasons (i.e. 2022-2023) | Association(s) | Position (i.e. Manager) | Division/Level (i.e. U18 BB) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please briefly describe and attach:

1. Coaching philosophy
2. General direction and ideas you have for the team
3. Expected number of tournaments
4. Extra training activities, required off-ice, etc and anticipated costs (if any) to parents. A copy of the team’s formal budget will be required at the beginning of the season.
5. Planned fundraising initiatives

references (Not required for current NGHA coaches) - All information must be fully completed to process your application.

Name: Address:

City/Province: Postal Code:

Home Phone #: Business Phone #:

Name: Address:

City/Province: Postal Code:

Home Phone #: Business Phone #:

Name: Address:

City/Province: Postal Code:

Home Phone #: Business Phone #:

I also agree to abide by the Constitution, Code of Conduct and all Guidelines of the Niagara Girls Hockey Association. Failure to comply will result in disciplinary action or a request for my resignation.

Signature: Print: Date:

Completed Application Forms may be emailed to: president@niagaragirlshockey.com

HOUSE LEAGUE COACH APPLICATIONS ARE DUE BY AUGUST 1ST, 2024.