



New Westminster Minor Hockey Association

P.O. Box 456 New Westminster, B.C. V3L 4Y8

www.nwmha.ca

COACH APPLICATION FORM

Thank you for applying to be a coach with New Westminster Minor Hockey Association. To be eligible to coach with the Association, please complete this form in its entirety, and submit it to coachcoordinator@nwmha.ca and president@nwmha.ca by no later than **April 30, 2025**.

1. PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Hockey Canada ID: _____

2. POSITION REQUESTED

Please check the position requested:

- Head Coach
- Assistant Coach
- I would be interested in an Assistant Coach position if the Head Coach position is unavailable.

Please check whether you are applying for an "A" team or "C" team:

- "A" Team
- "C" Team

Please check the division in which you would like to coach:

- U7
- U9
- U11
- U13
- U15
- U18
- U21

If you have applied for an “A” team, will you have a child trying out for that team? Please note that under our evaluation and selection process, the children of coaches for “A” teams do not automatically qualify for “A” teams, and must try out and be selected for such “A” teams as every other player.

- Yes No N/A

If you have applied for an “A” team, and your child is not selected for the team or otherwise elects not to participate, will you continue to coach the team? Please note that the Association will give strong preference to coaches who will coach an “A” team regardless of whether their child is on the team.

- Yes No N/A

If you have applied for an “A” team and your child is not selected for that team, would you like to be considered for a coaching role on the “C” team to which your child is ultimately allocated? Please note that if your child is allocated to a “C” team, we cannot guarantee you a coaching role for such team, as the Association may have already selected coaches for “C” teams by the time tryouts for “A” teams have been completed.

- Yes No N/A

3. QUALIFICATIONS

Please check all qualifications that you have completed:

- | | |
|---|-----------------|
| <input type="checkbox"/> Respect in Sport | Date Completed: |
| <input type="checkbox"/> CATT | Date Completed: |
| <input type="checkbox"/> Criminal Record Check | Date Completed: |
| <input type="checkbox"/> Coach 1 – Intro to Coach | Date Completed: |
| <input type="checkbox"/> Coach 2 – Coach Level | Date Completed: |
| <input type="checkbox"/> Development 1 | Date Completed: |
| <input type="checkbox"/> Development 2 | Date Completed: |
| <input type="checkbox"/> Safety Program | Date Completed: |
| <input type="checkbox"/> Checking Qualification | Date Completed: |
| <input type="checkbox"/> Other | Date Completed: |

Please specify:

4. COACHING HISTORY

Please list all of your coaching experience.

Year	Position	Team Level	Association	Additional Comments

5. PLAYING EXPERIENCE

Please briefly describe your playing experience.

6. COACHING PHILOSOPHY

Please briefly describe your coaching philosophy.

7. WHY DO YOU WANT TO COACH WITH NWMHA?

Please describe why you would like to coach with NWMHA.

8. OTHER EXPERIENCE

Please describe any other experience that you feel may be relevant to your application.

9. REFERENCES

Please provide the names of two references who are familiar with your background as a coach.

Name: _____

Relationship: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Phone: _____

Email: _____

10. CERTIFICATION

I hereby certify and affirm that all of the information provided in this application is true and correct. I acknowledge and agree that I will inform myself of the rules, regulations, and policies of the New Westminster Minor Hockey Association, the Pacific Coast Amateur Hockey Association, BC Hockey, and Hockey Canada (the “Rules”), and that I will abide by these Rules if selected as a coach. I further acknowledge and agree that if I am selected to act as a coach, I will conduct myself in a manner that befits the position of trust for which I may be appointed.

I acknowledge and agree that in the event that I do not comply with the Rules or in the event that I conduct myself in a manner that the Executive of the New Westminster Minor Hockey Association believes, in its sole discretion, does not comport with the values or standards of the Association, I may be subject to discipline by the Association, including but not limited to suspension, removal, or expulsion.

I consent to all of the information provided in this application to be shared with the Hockey Coach Selection Committee of the New Westminster Minor Hockey Association and that this Committee may contact the references you have provided. Finally, I confirm my willingness to complete a Criminal Record Check for our Association prior to being selected for any coaching assignment.

Signature: _____

Date: _____