



ALLIANCE Hockey U16 – Coach Application Form

PERSONAL COACHING PROFILE

Note: All information is confidential to ALLIANCE Hockey

Check Position Applying For: Head Coach Assistant Coach

Name:

Address:

Telephone (h):

Telephone (w):

Telephone (c):

Date of Birth (mm/dd/yy):

Current Professional Status (Job):

Current or last team coached, season:

Category: AAA AA A Other

COACHING INFORMATION

Please complete the following:

What is your coaching philosophy?

What is your most memorable achievement as a coach?





What is your most memorable disappointment as a coach:

PERSONAL GOALS/AMBITIONS RE: COACHING

Short-Term (1 - 3 years):

Long Term (3 - 5 years):

Superstitions:

PERSONAL FAVOURITES

Hockey Coach:

Hockey Player:

NHL Team:

Other Sport:

Actor:

Musician:

Food:

Country Visited:

Hobby:

TV Show:

Quote or Saying:





COACHING HISTORY

Please provide the following information for the last 3 years.

Year 1: Category: Team:
Regular season: Wins: Losses: Ties:
Playoffs: Wins: Losses: Ties:
Comments:

Year 2: Category: Team:
Regular season: Wins: Losses: Ties:
Playoffs: Wins: Losses: Ties:
Comments:

Year 3: Category: Team:
Regular season: Wins: Losses: Ties:
Playoffs: Wins: Losses: Ties:
Comments:



PREVIOUS PROGRAM OF EXCELLENCE INVOLVEMENT

Please complete any areas of involvement:

Under 16 Camp:

Year: Position:

Under 17 Camp:

Year: Position:

Ontario Winter Games:

Year: Position:

Canada Winter Games

Year: Position:

Please add any additional relevant experiences (i.e., player evaluation, camp co-ordination, international experiences, etc.)

PROFESSIONAL DEVELOPMENT

Please indicate any professional development sessions that you have been involved with over the last 3 years i.e. NCCP Seminars, Symposiums, etc.)





REFERENCES

Please provide two references that are familiar with your coaching background.

1.

Name:

Current Position (Job):

Telephone:

Relationship to reference:

2.

Name:

Current Position (Job):

Telephone:

Relationship to reference:

Completed applications should be returned by Monday, March 22, 2010 12:00pm to:

ALLIANCE HOCKEY
Attn: U16 Team
71 Albert Street
Stratford, Ontario
N5A 3K2

Or

Email: U16team@alliancehockey.com

Or

Fax: 519-273-2114

