



**2020-2021
Rep Coaching Application**

Please complete the following application if you are interested in coaching a rep team for the 2020-2021 Season.

To Submit your application, you may choose to:

1. Email your application to president@scfha.com or sue@ljwalters.com
2. Mail your application to the SCFHA office at:

P.O. Box 28044 Lakeport Postal Outlet

600 Ontario Street

St. Catharines, ON L2N 7P8

For further information contact Sue Guarasci, President at:
905-714-4226 or president@scfha.com

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| Personal Information | |
| Name: | |
| Address: | |
| Date of Birth: | |
| Contact Information | |
| Cell phone: | |
| Home phone: | |
| Work phone: | |
| Email address: | |
| Team Information | |
| Team applying for: | |
| Do you have a daughter at this level? | Yes No |
| Would you be an assistant coach if you were not given this team? | Yes No |
| If you are applying for a first team, and you did not get it, would you consider coaching a second team (assuming your daughter did not make the first team)? | Yes No |
| Certification Information | **Note** Please attach a printed copy of your eHockey Canada list of certifications |
| Speak Out/Respect in Sports | Yes Year obtained: _____ No |
| Coaching Certification | Yes Year obtained: _____ No |
| Coaching Level | Coach Level Development 1 Development 2 HP1 |
| Trainers Level | Level 1 Level 2 Year obtained: _____ |
| Does the SCFHA have your police check on file? | Yes Year obtained: _____ No |
| Coaching Experience | |
| Association (i.e., SCFHA) | Level (i.e., M-AA) Position (i.e., Assistant Coach) Year |
| | |
| | |

| Other coaching clinics attended | | | |
|---------------------------------|------|----------|-------------------|
| Course/clinic | Date | Location | Brief description |
| | | | |
| | | | |
| | | | |

1. What are your short-term coaching goals?

2. What are your long-term coaching goals?

3. If you have an idea of coaching/support staff, please list them here:

4. Why do you want to coach for the SCFHA and what do you feel you bring to the association?

5. List three areas you consider your coaching strengths:

1. _____
2. _____
3. _____

6. List three areas you wish to improve on:

1. _____
2. _____
3. _____

7. Please describe your coaching philosophy.

8. Please list three references:

| Name What association do you know this person from? | Relationship (assistant coach, team parent, player) | Contact info: |
|---|--|----------------------|
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