



HDMLA - COACHING APPLICATION 2018

CONTACT INFORMATION			
Name			
Street Address			
City		Postal Code	
Home Phone		Cell/Work Phone	
Email Address			

TEAM APPLYING FOR		
HOUSE LEAGUE	BOX REP	FIELD
<input type="radio"/> Soft Lacrosse <input type="radio"/> Paperweight <input type="radio"/> Tyke <input type="radio"/> Novice <input type="radio"/> Pee wee <input type="radio"/> Bantam	<input type="radio"/> Tyke <input type="radio"/> Novice <input type="radio"/> Pee wee <input type="radio"/> Bantam <input type="radio"/> Midget	<input type="radio"/> U9 <input type="radio"/> U11 <input type="radio"/> U13 <input type="radio"/> U15 <input type="radio"/> U17

Do you have a child playing at this level?	Yes _____ No _____
If these choices are not available, would you accept a different position?	Yes _____ No _____

COACHING CERTIFICATE (If you do not have certification – visit www.hawkslacrosse.ca for upcoming clinics. Note this list will be made available as soon as the OLA has published it to us)	
NCCP# _____	
<input type="radio"/> Box – Community Development Level 1 <input type="radio"/> Box – Competitive Introduction Level 2 <input type="radio"/> Field – Community Development Level 1 <input type="radio"/> Field – Competitive Introduction Level 2	
PREVIOUS COACHING EXPERIENCE (Start with most recent and list non-lacrosse sports last)	
Year	Team/Organization/Level and Role



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Do you have prospective coaching staff in place? Yes _____ No _____
If yes, please list below:

Name	Position	Certified?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from coaching/playing experience

Practical

Summarize your coaching philosophy as it pertains to lacrosse

Technical

Please give a brief description of your season plan



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Have you ever been dismissed or suspended by a Minor Sports Organization?	Yes _____ No _____
If yes, please specify: _____	
Have you ever been involved in a physical altercation with anyone before, during or after a game?	Yes _____ No _____
If yes, please specify: _____	

Vulnerable Sector Check:

Vulnerable Sector Check completed in _____ (year).

If you have not completed a check within the last 5 years you must do so and will be arranged after selection.

What would be some of your anticipated tournaments?

I understand that completing a Coaching Application with the HDMLA does not guarantee an interview or coaching position. I agree that if selected, I will:

1. Upgrade certification programs when necessary to comply with OLA standards. This includes submitting the notebook required to complete the course prior to the deadline.
2. Attend all coach's meetings.
3. Comply with the By-Laws and Rules of Operation of the Huntsville District Minor Lacrosse Association.
4. I hereby consent to disclosure of this information, and authorize HDMLA to collect information pertaining to this application.

I hereby certify that the above information is true and correct.

Name (please print) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to promote an environment where all volunteers, players and referees are respected and treated fairly with opportunities to develop leadership qualities.

Please submit the completed coaching application to: dancaswell@hrcinsurance.com

Deadline for applications to be submitted: December 31st, 2017

Coaching interviews to be conducted on: Week of January 9th, 2018

Thank you for completing this application form and for your interest in volunteering with us!