



# CROSSFIELD MINOR HOCKEY ASSOCIATION

## COACH APPLICATION FORM 2024-2025 HOCKEY YEAR

[APPLICATION MUST BE SUBMITTED ELECTRONICALLY TO COACHCOORDINATOR.CROSSFIELDMHA@GMAIL.COM](mailto:COACHCOORDINATOR.CROSSFIELDMHA@GMAIL.COM)

### HEAD COACH

#### **Job Description**

- Serve as the official spokesperson on behalf of the team
- Coordinate the delegation of responsibilities to the assistant coaches and manager
- Plan on and off-ice activities in consultation with the assistant coaches
- Plan, implement and control pre-game preparation and communication with the team
- Design the practice plans in consultation with the assistant coaches
- Coach the team in all games and practices
- Establish rules for the team and oversee the supervision of the players
- Respond to evaluation of Hockey Season survey sent out by CMHA at the end of the year including recommendations on how the program can be improved
- Collaborate with the Coach Co-Ordinator to help improve the Minor Hockey Program
- Commitment to personal development and a willingness for self-improvement
- Ability to resolve conflicts that may arise

#### **Qualifications**

- Basic understanding of the rules of hockey (positions, penalties, play stops, etc.)
- Ability to communicate with the manager, parents, Coach Coordinator and possibly members of CMHA Board
- Strong interest and commitment to child/athlete development
- Ability to work with fellow coaching personnel
- Ability to communicate on and off-ice requirements to players and parents
- Available to meet time requirements
- Required certifications for Head Coach for the related player division

### ASSISTANT COACH

#### **Job description**

- Assist with player evaluation and the player selection process
- Assist with planning, organizing and conducting practices
- Assist with pre-game preparation
- Assist with the operation of the team during games
- Assist with the supervision of players off and on the ice
- Assist with the formulation of the game plan
- Report to the head coach
- Commitment to personal development and a willingness for self-improvement

#### **Qualifications**

- Strong interest and commitment to child/athlete development
- Ability to work with fellow coaching personnel
- Ability to communicate on and off-ice requirements to players and parents
- Available to meet time requirements
- Required certifications for Assistant Coach for the related player division



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### CONTACT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

### WHAT TEAM/DIVISION ARE YOU CURRENTLY INTERESTED IN COACHING? (SEE END OF APPLICATION FOR DESCRIPTIONS)

- |                          |     |                          |            |                          |                 |
|--------------------------|-----|--------------------------|------------|--------------------------|-----------------|
| <input type="checkbox"/> | U5  | <input type="checkbox"/> | HEAD COACH | <input type="checkbox"/> | ASSISTANT COACH |
| <input type="checkbox"/> | U7  | <input type="checkbox"/> | HEAD COACH | <input type="checkbox"/> | ASSISTANT COACH |
| <input type="checkbox"/> | U9  | <input type="checkbox"/> | HEAD COACH | <input type="checkbox"/> | ASSISTANT COACH |
| <input type="checkbox"/> | U11 | <input type="checkbox"/> | HEAD COACH | <input type="checkbox"/> | ASSISTANT COACH |

WHY DO YOU WANT TO COACH THE TEAM YOU HAVE SELECTED ABOVE?

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IF YOUR CHOICES ARE NOT AVAILABLE WOULD YOU BE WILLING TO COACH ANOTHER TEAM?

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### RECENT COACHING EXPERIENCE OR OTHER RELEVANT EXPERIENCE

Season	Team	Organization/Level	Role

### RELEVANT CERTIFICATIONS

Certification attained	Yes or No	Year Attained	Date of Expiry
Coach 1 - Intro to Coach			
Coach 2 - Coach Level			
Development I			
Development II			
High Perf. I			
Checking Skills			
Safety Clinic/HCSP			
Respect in Sport (Coach)			
Criminal Record Check			

### REQUIRED DOCUMENTS

Will you be able to complete the appropriate certifications by November 15, 2024?	
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### COACHING ASPIRATIONS

<b>What is your coaching philosophy?</b>
<b>What are your top 3 coaching goals and objectives for the team?</b>
1.
2.
3.
<b>What is your game (ice-time) philosophy? (ie. fair play/short bench/goalie rotation)</b>
<b>What is your experience with and your thoughts on small area games?</b>
<b>List 3 coaching areas you consider your strengths</b>
1.
2.
3.
<b>List 3 coaching areas where you wish to further develop</b>
1.
2.
3.

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### ADDITIONAL CONSIDERATIONS

Please include any additional comments CMHA should consider for your application

THE COACH SELECTION PROCESS MAY REQUIRE INTERVIEWS WHICH WILL BE DETERMINED ON AN INDIVIDUAL BASIS. ALL APPLICANTS CONSIDERED WILL BE NOTIFIED BY THE COACH COORDINATOR

I, THE UNDERSIGNED, AGREE TO FOLLOW THE POLICIES SET OUT IN THE CMHA MEMBERS HANDBOOK

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