



Flin Flon Minor Hockey Association

Box 862

Flin Flon, Manitoba R8A 1N6

www.flinflonminorhockey.com

COACH SELECTION APPLICATION

Name: _____

Date of Birth: _____

Address: _____

Phone: (Res) _____ (Cell) _____

Email: _____

Team Selection: First Choice:

Second Choice: _____

(Category i.e. Atom, Pee Wee and 'AA' or 'A')

Certifications (Circle Levels Attained):

Coach Level: Y or N Year: _____

Speak Out/Respect In Sport: Y or N Year: _____

Initiation: Y or N Year: _____

Safety: Y or N Year: _____

Checking Clinic: Y or N Year: _____

Hockey Playing Experience (Please List):

Coaching Experience:

Position Team/Division Association Year: _____

What is your Coaching Philosophy?

What is the anticipated role of your co-coaches, managers and trainers?

What would be your anticipated schedule for tournaments?

What are team initiatives, objectives and goals?

Hockey Related References (Ideally to include a player over 12, parent and professional):

Name _____ **Phone** _____

Relationship _____

FFMHA Code of Conduct:

Please read the Coaches Code of Conduct available on www.flinflonminorhockey.com. Please sign and have it attached to the application.

Signature: _____ **Date:** _____

Submit your completed application by email to:

technicaldirectorffmh@gmail.com

Interview Use Only (Do Not Fill Out)

If your choices are not available, would applicant accept a different position? Y / N