

**MARKHAM WAXERS  
REP HEAD COACH APPLICATION**

**Contact Information**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Preferred Contact Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Birthdate (DD/MM/YY) \_\_\_\_\_

**Team Selection**

1st Choice: Division (e.g., U9, U13, U18) \_\_\_\_\_ Level (AA, A, BB, MD) \_\_\_\_\_

2nd Choice: Division (e.g., U9, U13, U18) \_\_\_\_\_ Level (AA, A, BB, MD) \_\_\_\_\_

If these positions are not available, are you interested in coaching another team?  Yes  No

Please identify what division and level \_\_\_\_\_

Do you anticipate having a son/daughter on the team for which you are applying?  Yes  No

If yes, name \_\_\_\_\_

If your child was not on the team for which you are applying, at what level did he/she last play?  
\_\_\_\_\_

**Coaching Qualifications**

Do you have NCCP Certification?  Yes  No

If yes, at what level?  Coach 1  Coach 2  Development 1  Development 2  HP1

Other \_\_\_\_\_ Date of Certification \_\_\_\_\_

Have you completed:

Planning a Safe Return to Hockey  Yes  No

Respect in Sport for Activity Leaders or Speak Out  Yes  No

Gender Identity and Expression Course?  Yes  No

Police Vulnerable Sector Check?  Yes  No If yes, date submitted \_\_\_\_\_

**PLEASE NOTE:** All coaches must have or be prepared to obtain certifications required for position prior to August 1.

## Coaching History

List the last three hockey teams on which you coached, beginning with the most recent.

Dates		Organization/Team/Level	Role
From	To		

## Coaching Philosophy and Credentials

Please attach additional information which reflects your hockey background as a coach and as a player. Outline your coaching philosophy. Identify your goals and objectives for the team for which you are applying.

## References

Please provide the names and contact information for two hockey-related references (parents, former bench staff, coach, player, etc.) and one non-hockey-related references (business or personal).

1. Hockey Reference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone H \_\_\_\_\_ C \_\_\_\_\_ E-mail \_\_\_\_\_

2. Hockey Reference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone H \_\_\_\_\_ C \_\_\_\_\_ E-mail \_\_\_\_\_

3. Non-Hockey Reference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone H \_\_\_\_\_ C \_\_\_\_\_ E-mail \_\_\_\_\_

## Acknowledgements

The Markham Waxers require that the Head Coach acknowledge understanding and responsibility for adherence to the following:

- Coach's Code of Conduct
- Rep Coach Agreement
- Police Vulnerable Sector Check requirement
- Rep Manager Manual
- Rep team budget policy
- Return to Play protocol
- On-ice helmet requirement for staff and participants (OMHA Manual of Operations)
- Mouth guard requirements (OMHA Manual of Operations)
- Arena Safety Plan Requirement

I hereby acknowledge that I understand and acknowledge that I am responsible for ensuring compliance with the above requirements, including all applicable Markham Waxers by-laws, policies, procedures, and requirements of the OMHA Manual of Operations. I understand that only applications considered by the coach selection committee to be suitable will be granted an interview. I agree that the decision of the coach selection committee is final and will hold harmless the committee, Markham Waxers, and/or any other governing body for that decision.

By signing this form, I agree that the Markham Waxers may contact me via email.

If I am accepted to coach, I agree to provide a Police Vulnerable Sector Check and will inform all members of my bench staff that a Police Vulnerable Sector Check must be provided by the established date as a condition of appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## How to Submit Application

Email to [matthews@waxers.com](mailto:matthews@waxers.com).

## Application Deadline

All applications must be received by January 30, 2023.

Applications received after the deadlines will be considered only if positions are available.