

**MARKHAM WAXERS  
AAA 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) \_\_\_\_\_

2nd Choice: Division (e.g., U9, U13, U18) \_\_\_\_\_

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

Please identify what division and level (A, AA, BB) \_\_\_\_\_

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?  CHIP  Coach Stream  Development 1  Development 2  HP1\*

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

Have you completed:

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.

\*High Performance 1 is mandatory for U13 through U18 AAA

## 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

1. Mail to:  
Markham Waxers  
6140 Sixteenth Avenue  
Markham, ON L3P 3K8  
Attention: Stephen Gaunce
2. Email to [gaunce@waxers.com](mailto:gaunce@waxers.com).

## Application Deadline

All applications must be received by December 8, 2023, 4:00 pm

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