# ‘AA’ Coaching Application Cover Letter

## PLEASE READ

* Applications for Head Coach, will be accepted until May 31st. Once head coach has

been selected the head coaches assistants and manager will be interviewed with the

coaching directors and will review the GSAA Coaching Policies and Coaching Code

of Conduct

* All applications will only be accepted by email to jamiematisho@gmail.com
* All applications will be held strictly confidential.

PLEASE NO PERSONAL CALLS TO THE COACH MENTOR.

* Head Coach is required to have previous coaching experience at similar competitive

level if possible.

* There could be an off-ice Manager picked by the Head Coach at seasons start.
* The Head Coach or appointed assistant(s) must have coaching, Safety, Speak

Out or Coach Respect in Sports and Checking Clinics.

* There will be a formal interview process for Head Coaches June 1st - June 30th. The

Chairman of the selection committee will contact the candidates.

* After the interview process, a Head Coach for each division will be appointed by the

Golden Suns Coach’s selection committee. All candidates who applied will be

advised via email, phone or phone message within 24 hours of the decision.

* Interview process is necessary due to the number of people interested, removal of any

type of controversy toward the Golden Suns organization and the coaches selected

and finally an introduction to a formal process for the future.

* You will also be required to provide a police check with this application.
* The head coach must attend the GSAA meeting in August to discuss policy and expectations of the Golden Suns

## Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

# Coaching Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City |  | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hockey Division you wish to coach: |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| U13 AA  |  [ ]  |  |  |
|  |  |  |  |  |
| U15 AA | [ ]  |  |  |  |
|  |  |  |  |  |
| U18 AA | [ ]  |  |  |  |
| Do you have a child playing in this age division? | YES[ ]  | NO[ ]  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| What Year? | 1st | 2nd | 3rd |  |
|  | [ ]  | [ ]  | [ ]  |  |
|  |

## Coaching Clinics Attended

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Year attained: |  |
| Name: |  | Year attained: |  |
| Name: |  | Year attained: |  |
| Name: |  | Year attained: |  |
| Name: |  | Year attained: |  |
| Name: |  | Year attained: |  |

\*It is your responsibility to find out what year any certificates were obtained. If required by GSAA you must provide proof directly to them.

## Previous Experience

|  |  |  |
| --- | --- | --- |
| **Age Group** | Position Held (Coach, Assistant, etc.) | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Coaching References

If you were involved in or coached last year, provide the name and number of 3 player parents that were on your team, that can reference your coaching ability (no co-coaches):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone Number: |  |
| Name: |  | Phone Number: |  |
| Name: |  | Phone Number: |  |

## Other References

Please provide 5 references whom we can contact:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone Number: |  |
| Name: |  | Phone Number: |  |
| Name: |  | Phone Number: |  |
| Name: |  | Phone Number: |  |
| Name: |  | Phone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you aware of GSAA Policies & Procedures? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

## Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |