



amended January 17, 2024

The Coaching Application package consists of the attached application form, plus the information requirements outlined below.

Incomplete applications will not be considered.

Information Requirements (please attach to your completed application form).

1. Coaching Philosophy

An outline of the principles that you would call upon to coach the team applied for. This should include your philosophy on player development and equal ice time.

2. Annual Plan

At minimum, provide an outline of the team goals and objectives for the season, specifically from both a skills and team development perspective. Include proposed tournaments, and other details of your plan for the season.

3. Budget (Proposed)

An estimate of the anticipated costs associated with your proposed plan. Use the following guidelines to produce your budget:

Revenues		<u>Expenditures</u>	
-	Player Fees	-	Tournaments: Entry Fees, Motorcoach
-	Corporate Sponsorship		Transportation, Air Fares, Coach Expenses
-	Fundraising	-	Ice
-	Miscellaneous	-	Additional Ice: Referees/Timekeepers
		-	Equipment: Team Apparel, Hockey Bags
		-	Misc: Sponsor Plaques, Banquet Tickets, Bank
			Service Charges, Sponsor Plaque, etc.

4. Coaching Resume

Provide a detailed outline of your prior coaching experience, including both educational/theory and practical.

APPLICATION PACKAGE MUST BE RECEIVED BY Thursday, February 15, 2024 by 12:00 noon





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PERSONAL INFORMATI	<u>ION</u>			
Name:				
Address:		Po	ostal Code:	
E-mail:		Home	Telephone: _	
Business Telephone:				
Team(s) for which you are	applying:			
U11 U13	U15AA	U18AA	U22A	
If you and your coaching st choices.	aff is interested	d in more than one	e team, pleas	e prioritize your
1		2		
3		4		
Provide a list of all staff me Note: You must provide at		•		quire board approval.
1		2		
3		4		
Coach Certificates Achi	eved:			
COACH	INTERMEDIA	ATE	ADVAI	NCED
C1 C2	D1 D2		HP1	HP2
NCCP #				
Please list all other pertine	ent certificates	:		
Trainer	Certification	#		
Speak Out Training		#		
Criminal Reference Check		led upon request		
Other: Certificates/Semina	rs			





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Coaching Experience:							
Total Number of Years							
Year	Association	Division (Atom, Novice, etc)	Level (House, A, etc.)				
Other Related S	Sports Experience (pla	ying, coaching, etc.)					
_							
References:							
-		information of three references of the state					
-	er of your most recent		mst reference must be				
Namai		Talanhana					
Board/Associat	ion:						
Name:		Telephone:					
neiduloliship to	Mererence.						
Name:		Telephone:					
Relationship to	Reference:						





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By signing this application, you certify that:

- i) All information you have provided is accurate and complete;
- ii) You and all members of your staff WILL obtain a Thunder Bay Police Records Check by August 1, 2024;
- iii) All members of your staff will provide proof of applicable certification (speak out mandatory for all staff, trainers' certificate required for all trainers) by September 30, 2024;
- iv) You agree to abide by the TBWHA Constitution and Bylaws, Playing Rules, and Queens principles, policies and guidelines;
- v) You agree to upgrade your coaching skills as required; and
- vi) You consent to release of your personal information to the Thunder Bay Queens organization by the associations listed in your resume and by governing bodies including Hockey Northwestern Ontario, the Ontario Hockey Federation, and OWHA.

PRINT NAME	SIGNATURE	DATE