Orillia Girls Hockey Association

2025-26 COMPETITIVE TEAM

COACH APPLICATION

APPLICATION METHOD:

Application deadline: Sunday, February 12, 11:59 PM

Interviews: February 13 to 26 Selections announced: Week of February 27 - March 1

Applications must be completed and submitted electronically to <u>rep@orilliagirlshockey.com</u> Completed applications must be received before the deadline - late applications will not be accepted.

| • | This is a fillable PDF document. To complete your application, please save this file FIRST to a known location on |
|---|---|
| | your computer before you begin to fill-in the application. Once you have completed the application, save the file |
| | again. |

• Please note: Applicants invited to participate in the interview process will be asked to prepare and submit a season plan and 3 sample practice plans. Since short notice will be provided for interviews (depending on schedule), applicants should prepare this information now to be ready.

| APPLICANT INFORMATION: | | | | |
|--|--|---------------------------|----|--|
| Name: | | | | |
| Address: | | | | |
| City: | | Postal Code: | | |
| Primary Phone: | | Secondary Phone: | | |
| Email: | | | | |
| TEAM APPLYING F | TEAM APPLYING FOR (Select One or More) | | | |
| U9B | U13BB/E | 3 U18A/E | BB | |
| U11BB/B | U11BB/B U15 A/BB U18BB/B | | | |
| Do you have a daughter eligible to play for the team? | | | | |
| If answer to the above question is YES, please answer the following about your daughter: | | | | |
| Daughter's Name: | | aughter's Date f Birth | | |
| 2024-25 Association | 20 | 024-25 Team | | |

| CERTIFICATIONS | | | | | |
|--|---|-------------------------------|----------------|---|-------|
| Please indicate with an X the highest level of coach training/certification you have attained: | | | | | |
| | Coach 1 Trained | | | Coach 2 Trained | |
| | Development 1 (D1) Trained only | | | Development 1 (D1) Certified | |
| | High Performance 1 (HP1) Trained o | only | | High Performance 1 (HP1) Certified | |
| Please in | dicate with an X if you currently | possess the required ce | rtifications: | | |
| | Respect in Sport / Speak Out | | | Police Check with Vulnerable Sector Screening | |
| Additional I | Pertinent Training (i.e. First Aid, Univ | versity Course or Degrees, re | elated experie | ence, employment, etc. | |
| | | | | | |
| COACH | ING EXPERIENCE | | | | |
| | Please attach your "Hockey Resume" as a supporting document to this application to provide additional information reflecting your coaching experiences and other relevant information not detailed in this application (i.e. employment, other interests, etc.) | | | | |
| Do you ha | Do you have previous experience coaching female players, age/level, in any sport? Yes No | | | | |
| If yes, plea | If yes, please provide details: | | | | |
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| Most Red | Most Recent Coaching Experience (male or female): | | | | |
| Team/Ass | ociation: | Category: | | Position: | Date: |
| | | | | | |
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| DISCLOSURE | | | | | |
|-----------------------------------|--|----------------------------|------------|--|--|
| Have you ever been | dismissed or suspended by a sports organization? | Yes No | | | |
| If "Yes" please expla | in: Infractions, type and dates: | | | | |
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| REFERENCES | | | | | |
| List at least three refe | rences (i.e. professional, parents, players (18 and older), or | team staff from past seaso | ons, etc.) | | |
| Reference 1 | | | | | |
| Name | | | | | |
| Address | | Postal Code | | | |
| City | | Primary Phone | | | |
| Email | | Secondary Phone | | | |
| Additional Pertinent | Information: | | | | |
| | | | | | |
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| | | | | | |
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| Reference 2 | | | | | |
| Name | | | | | |
| Address | | Postal Code | | | |
| City | | Primary Phone | | | |
| Email | | Secondary Phone | | | |
| Additional Pertinent | Information: | | | | |
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| | | | | | |
| | | | | | |
| Deferrence | | | | | |
| Reference 3 Name | Reference 3 | | | | |
| Address | | Postal Code | [| | |
| City | | Primary Phone | | | |
| Email | | Secondary Phone | | | |
| Additional Pertinent Information: | | | | | |
| Additional r cranent | | | | | |
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AGREEMENT

If my application is successful, I agree to coach or participate as team staff, for the Orillia Girls Hockey Association (OGHA), and further agree not to hold the above-named organization or any of its agents, executive or membership responsible in case of injury or accident while participating in or traveling to or from the activities of the above-named organization.

I agree to abide by all rules, regulations, rulings, policies or guidelines of the OGHA, its agents and/or team and league officials, including the OGHA Code of Conduct, and the OWHA Code of Conduct:

| OGHA | OGHA Code of Conduct for Coaches | | | | |
|------|--|--|--|--|--|
| | I will not condone, permit, defend or engage in actions, on or off the ice, which are not consistent with good sportsmanship. | | | | |
| | I will communicate with players, parents, officials, trainers, volunteers and administrators honestly, generously, fairly and with integrity at all times. | | | | |
| | I will set attainable goals for the team and individual players while encouraging safety and fun for everyone. | | | | |
| | I will lead by example and respect the rules of the game, while abiding by the decisions of the referees. | | | | |
| | I will work continuously to learn more about the game and to improve my coaching skills. | | | | |
| | I will pay attention to and consider changing social family and economic environments that may influence the attitudes and behavior of players. | | | | |
| | I will refrain from using any type of social networking to post derogative or negative comments that implicate any fellow teammate, coaching staff member, opponent or those involved with OGHA | | | | |

I acknowledge that, as part of my application, the OGHA may verify my references and investigate my background. I am aware that all members of team staff must submit a Vulnerable Sector Screening form and Criminal Records Check.

As team staff, I also agree to attend or participate in any and all association meetings deemed to be mandatory such as but not limited to, pre-season meetings, mid-season and the Annual General Meeting.

As indicated by my signature below, I have provided truthful and accurate information and fully understand my commitment to the OGHA.

| Applicant | Application | |
|------------|-------------|--|
| Signature: | Date: | |