**A, BB and B Applications DUE November 15th, 2024**

**Please email to the attention of the Rep Director Charles Eddie:** **RepDirector@MGHL.ca**

**If you do not get a confirmation email, please re-send to ensure it is received.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***1st Choice of Team*** |  | ***2nd  Choice of Team*** |  |
| ***Name:*** |  | ***Daughter(s)*** *Name &Year of Birth:* |  |
| ***Address:*** Street City Postal Code |  | ***PHONE:*** *Mobile#* |  |
| ***E-mail:*** |  | ***Alternate Email:*** |  |
| ***Certifications:*** Please attach a copy of your certification(s) with your application. |
| **COACHING CERTIFICATION** |  |
| **COACHING CERTIFICATION #** | **TRAINED?** | **CERTIFIED?** | **YEAR OBTAINED** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Speak Out / Respect in Sport*** |  | *Year Obtained:* |  |
| *Do you have* ***Police Volunteer Screening on file with the MGHL?*** |  | *Year Obtained:* |  |
| ***Coaching Experience:***  |
| ***Association:****(e.g., MGHL)* | ***Dates?****(e.g.,2015-16)* | ***Position****(e.g., Head Coach)* | ***Division/ Category:****(e.g., U11)* | ***Tier Level****(e.g., BB)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***References: Please provide 3 Hockey References*** |
| ***Name:*** |  | ***Contact Info:****(Phone or email)* |  |
| *What Association do you know them from?* |  | *What is your relationship to them? (Coach, Peer, Player)* |  |
| ***Name:*** |  | ***Contact Info:****(Phone or email)* |  |
| *What Association do you know them from?* |  | *What is your relationship to them? (Coach, Peer, Player)* |  |
| ***Name:*** |  | ***Contact Info:****(Phone or email)* |  |
| *What Association do you know them from?* |  | *What is your relationship to them? (Coach, Peer, Player)* |  |
| ***The questions in yellow below are for NEW APPLICANTS ONLY:*** |
| ***Please tell us Why you want to Coach for the Mississauga Hurricanes and what you think you will bring to the organization.*** |
|  |
| Please outline your intended approach to **ice time, power plays, penalty killing, overtime, playoffs and discipline:**  |
|  |
| ***Please Share anything else that you think is relevant to this application*** |
|  |
| By signing this application I agree to give the Mississauga Girls Hockey League authorization to do any necessary background checks and hereby certify that the above information is completely true and represents an accurate description of my qualifications.I am aware that I must submit a completed proof of police vulnerable sector check or consent to disclosure waiver form as provided by the MGHL for this application to be complete. I acknowledge and agree to adhere to the constitution, by-laws and rules of the Mississauga Girls Hockey League [**https://mghl.ca/Pages/1301/Policies\_Bylaws\_and\_Constitution/**](https://mghl.ca/Pages/1301/Policies_Bylaws_and_Constitution/) . |
| ***Print Name:*** |  | ***Date:*** |  |
| ***Signature:*** |  |

This application will be kept private and confidential. The MGHL reserves the right to contact only those applicants who meet the minimum requirements.

|  |
| --- |
|  |