



"The GGHA is dedicated to providing a fun environment for females to develop self-esteem and confidence through hockey, by promoting team work, a strong work ethic and athletic commitment which develops all members to be the best they can be as players, team mates and leaders for now and for the future."

GGHA 2015-16 Rep Team Head Coach Application

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY & Postal Code: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Please indicate the best way to contact you to arrange for an interview: _____

I am interested in applying for the Head Coach position of the following anticipated team. Please indicate all levels you would be willing to consider (if applying for more than one team, please indicated order of preference).

DIVISION	LEVEL (AA, A, etc.) (optional)
NOVICE: _____	_____
ATOM: _____	_____
PEEWEE: _____	_____
BANTAM: _____	_____
MIDGET: _____	_____
INTERMEDIATE _____	_____

I have the following Coach Certifications:

LEVEL(S):	NUMBER:	EXPIRY DATE:
_____	_____	_____
_____	_____	_____

Experience in Coaching (not necessarily hockey only):

SEASON/ Year:	POSITION HELD:	TEAM LEVELTYPE:	ORGANIZATION:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide two references (include those who can attest to your coaching ability and/ or aptitude for coaching):

NAME:

CONTACT PHONE:

HOW DOES THIS PERSON KNOW YOU?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a daughter intending to try out for any rep team for the coming season: YES___NO_____

If "yes", for what team: _____

If "Yes", for what team does your daughter currently play? _____

(COACH APPLICANTS ARE REMINDED THAT THEIR DAUGHTERS WILL BE INDEPENDENTLY ASSESSED AS TO WHETHER THEY CAN PLAY AT THE LEVEL OF THE TEAM FOR WHICH THE COACH IS APPLYING, IF APPLICABLE)

Please include here any further details of experience, coaching philosophy, other certifications or workshops, etc. for consideration by the Coach Selection Committee and for purposes of the interview. Please feel free to include attachments, if desired.

Date of Application: _____

DO NOT DELIVER TO GGHA OFFICE
Please forward to the GGHA Rep Convener, Renata Deforest by the announced deadline date.
 - EMAIL to rep@ggha.com or
 - Call 519-993-2736 to arrange drop off the completed application.

ALL APPLICATIONS WILL BE KEPT CONFIDENTIAL BY REP CONVENER FOR USE OF INDEPENDENT COACH SELECTION COMMITTEE AND INTERVIEWS.