

Thunder Bay Kings Coach Application 2024/25 Season

Thank you for considering being a Kings coach. For those interested in coaching the 2024/25 season, please read this first page, complete the coach application and submit the required attachments. This is a fillable PDF document for electronic submission. Please submit completed applications via email to <u>operations@thunderbaykings.com</u>. Address your application to our Coach Selection Committee Chair: Neal Purdon

APPLICATION PACKAGE MUST BE RECEIVED BY NOON ON MONDAY, MARCH 18, 2024.

Information to Include in Your Coaching Application.

Please submit the completed application along with a word or PDF document that outlines your coaching philosophy and annual plan. Note that any incomplete applications will not be considered.

1. Completed Application (see form attached – pages 2 to 5)

When completing the application, if there is not enough room on the application, you may include additional pages.

2. 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 fair ice time, including but not limited to practice hours, dryland and video use.

3. 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 on and off ice training, proposed tournaments, exhibition games and other details of your plan for the season.

4. Coaching Resume

Provide your prior coaching experience including experience, education, theory and practical training.



Thunder Bay Kings Coach Application 2024/25 Season

Contact Information

| Name: | | | |
|---|---------------------|---------------------|------------------------|
| Address: | I | Postal Code: | |
| E-mail: | Но | ome Telephone: | |
| Business Telephone: | Ce | ell Phone: | |
| Team(s) that you are applying to c U13 U14 U | | U16 🗌 | U18 🗌 |
| An application has been submitted to | o run o 1114 teom o | nd a request will b | e made for the 2024/24 |

An application has been submitted to run a U14 team and a request will be made for the 2024/25 season. We cannot guarantee that there would be a U14 team.

If your coaching staff is interested in more than one team, please prioritize your choices.

| 1^{st} | |
|-----------------|--|
| 2 nd | |
| 3 rd | |

Proposed Team Staff

Provide a list of all staff members that will be included on your roster and the roles they will play. You may be asked to provide the resumes of some of your coaching team. At the time you submit the application, you must provide at least two assistant coaches and your manager. All staff members require Board approval prior to season start.

| Assistant Coach | |
|-----------------|--|
| Assistant Coach | |
| Goalie Coach | |
| Trainer | |
| Manager | |
| - | |

Education and Training

Please provide information on education or training you have completed that is relevant to your ability to be an effective Head Coach. You can add Certificates on page 3.

| Year | School/Course Attended | Major/Specialty/Subject | Other information |
|------|------------------------|-------------------------|-------------------|
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| Certific Please a | cates attach copy of certificate | (s). | | |
|-----------------------------|--|------------|------------------|-----------------------|
| Coachin | g: Coach 🗌 Inte | rmediate 🗌 | Advanced | |
| | : C1 C2 D' | 1 🗌 D2 🗌 | HP1 HP2 | |
| NCCP # | <u>-</u> | | | |
| Trainer: | Certificate # | | | |
| | Dut Training:□Certifica I Record Check: | | | |
| Other T | raining | | | |
| | | | | |
| | Experience | | | |
| Number | of years as Coach: | | | |
| Year | Association/Club | Division | (U13, U15, etc.) | Level (AA, AAA, etc.) |
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Player Experience

Total number of years as player _____

| Year | Association | Division (U15, U18, etc.) | Level (AA, AAA, etc.) |
|------|-------------|---------------------------|-----------------------|
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Other Related Sports Experience

Include number of years as player and/or coach and level played

References

Please provide the name and contact information of three references who can comment on your qualifications to coach the team for which you are applying.

Name and Contact Information

| Telephone number(s) and email address | Relationship with Reference |
|---------------------------------------|-----------------------------|
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| 3. | |
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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 **August 30, 2024**;
- iv) you agree to abide by the Kings bylaws, principles, policies and guidelines.
- v) you agree to abide by any hockey association, and GTHL rules and regulations, for which the Kings must abide.
- vi) you agree to upgrade your coaching skills as required; and
- vii) you consent to release of your personal information to the Thunder Bay Kings by the associations listed in your resume and by governing bodies including Hockey Northwestern Ontario and the Ontario Hockey Federation.

Name

Signature

Date