



OSHAWA DOUBLE B'S COACHING APPLICATION FORM

2019/2020 Season

Position Applying for:

- Head Coach
- Assistant Coach
- Manager

Please Print All Information Clearly

Coach's Name: _____ E-mail Address: _____
 Address: _____ Cell Phone: _____
 City/Province: _____ Home Phone: _____
 Postal Code: _____

Check Program Preference

MITE (U10) NOVICE (U14) UNDECIDED
 SQUIRT (U12) BANTAM (U16)

Coaching Certification:

Level/ Certificate #: _____ Date Obtained: _____
 Level/ Certificate #: _____ Date Obtained: _____

Coaching Experience:

Organization	Team	Position	From Date to Date
_____	_____	_____	_____
_____	_____	_____	_____

Playing Experience:

Organization	Team	Position	From Date to Date
_____	_____	_____	_____
_____	_____	_____	_____

Coaching References:

_____	_____	_____	_____
Name	Phone	_____	_____
_____	_____	_____	_____
Name	Phone	_____	_____

You will need to supply a current Police Reference Check/Vulnerable Sector Screening Yes No

Tell Us a bit more about you.

Coaching Philosophy / Strategy:

Your goal(s) as a coach:

Describe your definition of an effective winter program: (Please include estimated start dates, practice frequency, clinics etc.):

Describe your definition of a successful season program (Please include practice frequency, clinics etc.):

Use this area to describe anything else that you might think applicable to your application:

Signature

Date

Please Submit To: OshawaDoubleB@gmail.com
Application Deadline is September 1st, 2019

*** Please attach a tryout plan and sample practice plans to this application. ***