Strathroy Minor Lacrosse Association (SMLA) Team Manager Application

Thank you for your interest in becoming a Team Manager with Strathroy Minor Lacrosse! Please complete the following form in its entirety. This information will help us assess your suitability for the trainer role in our house league or competitive lacrosse program. U5 & U7 - House League, U9-U17 Competitive

**Personal Information**

* Full Name:
* Address:
* Phone Number:
* Email Address:
* Date of Birth:
* Lacrosse Coaching Level (if applicable):
* Years of Lacrosse Experience (as player/coach):

**Team Preference - Please circle**

* Division(s) Interested in Managing:

U5, U7, U9, U11, U13, U15, U17

* Position Applying For: Team Manager

**Manager Experience and Skills**

* Have you managed a sports team before?
	+ Yes ☐ No ☐

If yes, please provide details of your experience, including years, level of play, and responsibilities:

* Do you have experience with team organization, scheduling, and communication?
	+ Yes ☐ No ☐

If yes, please describe your experience and skills in this area:

**Role Specific Questions:**

What strategies would you use to manage effective communication with parents, coaches, and players?

How would you handle a scheduling conflict or a last-minute change in plans?

Describe a time when you resolved a challenging situation involving team coordination or communication.

**Availability & Commitment**

* Are you available to commit to practices, games, and events throughout the entire season?
	+ Yes ☐ No ☐

If no, please provide any availability concerns:

* Are you willing to participate in meetings and organizational events with SMLA?
	+ Yes ☐ No ☐

**References**

Please provide two references who can speak to your coaching or leadership abilities:

1. Reference 1:
	* Name:
	* Relationship:
	* Phone Number:
	* Email Address:
2. Reference 2:
	* Name:
	* Relationship:
	* Phone Number:
	* Email Address:

**Additional Information**

The Ontario Lacrosse Association and SMLA requires a clear vulnerable sector background check before working with minors.

Are you willing to undergo and provide a background check before the start of the season?
 Yes ☐ No ☐

**Applicant Declaration**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information provided in this application is accurate and complete. I understand that submitting false information may disqualify me from this role with the Strathroy Minor Lacrosse Association. I agree to abide by the policies and standards set by the OLA and SMLA.

**Signature:
Date:**