Strathroy Minor Lacrosse Association (SMLA) Trainer Application

Thank you for your interest in becoming a trainer 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 working with:
U5, U7, U9, U11, U13, U15, U17
* Position Applying For: Trainer

**Trainer Experience and Certifications**

* Do you have experience as a trainer or in a related health and safety role?
	+ Yes ☐ No ☐

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

* Do you have any health or safety-related certifications?
	+ Yes ☐ No ☐

If yes, please list certifications (e.g., First Aid, CPR/AED, Athletic Therapy):

**Role Specific Questions:**

1. How would you handle an injury during a game or practice?

1. What is your approach to promoting player safety and injury prevention?
2. Describe a time when you had to respond to a medical emergency. What steps did you take?

**Availability & Commitment**

1. Are you available to commit to practices and games throughout the entire season, including weekends?
Yes ☐ No ☐
	* If no, please provide any availability concerns:
2. Are you willing to participate in team meetings, coaching clinics, and other events organized by the Strathroy Minor Lacrosse Association?
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: