Strathroy Minor Lacrosse Head Coach Application

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**Please forward your completed application and relevant documents as per SMLA Policy to the Association President and Association Vice-President prior to December 1st of each calendar year.**

Name: Address: Contact Phone Number: Email:

Lacrosse Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head Coach Position Requested?

Would you accept another volunteer position within the Organization?

**NCCP** **Lacrosse** **Coaching** **Certification:** (If you are already certified, please attach a copy of your trainer and NCCP coaching credentials, this can be obtained via <https://thelocker.coach.ca/account/login>.)

Coach ( ) NCCP # Trainer ( ) Expiry Date: Certified #: **Coaching/Playing/Evaluating** **Experience:**

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| **Team/Association** | **Category/Age** **Group** | **Position** |
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1. Why do you want to Coach in the Strathroy Minor Lacrosse Association?
2. What makes you a “good” candidate for the position you are seeking?
3. Have you ever received a Match Penalty or Gross Misconduct as a coach or had to attend a disciplinary hearing for your actions as a coach, if so, please provide details.
4. Please list any anticipated Bench Staff (assistant coaches, trainer, or managers).
5. If you have a manager in mind, please provide their name and contact information.
6. List 3 coaching/development areas which you consider your strengths.
7. List 3 coaching/development areas that you would like to improve.
8. Mental Health is at the forefront of children’s sports, if selected as a Head Coach, please outline how you would ensure both you and your bench staff will provide a safe and fun environment for your team during practices and games.
9. Please provide 3 references, at least one being an assistant coach or association representative, and at least one parent.

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| **Name** | **Email** | **Type** **of** **Reference** |
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1. Is there any additional information you would like to provide the Selection Committee?