



## 2019-2020 Coach Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Team Selection:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

If there choices are not available, would you accept a different position: Yes  No

### National Coaching Certification Program:

Coaching Level Attained: \_\_\_\_\_

Coaching Certificate Number: \_\_\_\_\_

Year Certificate Attained: \_\_\_\_\_

Harassment/Abuse Prevention Services Number: \_\_\_\_\_

### What is your Coaching philosophy (attach sheet if necessary):

As a coach you are required to uphold and enforce the AMHA Rules and Regulations. Will you familiarize yourself with these rules and enforce them during your tenure as coach?

Yes  No

**Coaching Resume**

Year	City / Sport / Team	Age	Team Level

**Playing Resume**

Year	City / Team	Level

**Who would be on your proposed coaching staff?**

\_\_\_\_\_

**What tournaments do you anticipate entering?**

\_\_\_\_\_

**What is your proposed team budget? How do you propose to raise the necessary funds to support your budget? (attach sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your team initiatives, goals and objectives? (attach sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you able to attend regular coach's meetings? Yes  No**

**Signature of Applicant** \_\_\_\_\_

**REP Applications must be received by February 9<sup>th</sup>, 2019.**

**Completed applications can be submitted by:**

- 1) **Email at** amhacoachescommittee@gmail.com
- 2) **Delivered to Nick Waschenko. Please call 226-989-8105 to arrange drop off.**