Sarnia Minor Lacrosse Rep Team Coaching Application Forms 2020



Application Deadline – Thursday October 31, 2019 by 5pm Please forward completed application and relevant documents to: Tricia Ross – tross0624@gmail.com

Name:				
Address:				
Contact #:				
Email:				
Head Coach position requesting: (1 st choice and 2 nd choice)			
Would you accept another volunte	eer position within the organizatio	n?		
NCCP Lacrosse Coaching Certificate credentials, this can be obtained v	tion: (please attach a copy of your ria https://thelocker.coach.ca/acco		aching	
Coach ()	NCCP	#		
Trainer () Expiry	Date:	Certified	#:	
Coaching/Playing/Evaluating Exp	perience:			
Team/Association	Category	Posit	Position	

1. Why do you want to coach in the Sarnia Lacrosse Association?
2. 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:
3. Please list your anticipated coaches and trainer:
4. Please provide your manager name and email: (this cannot be left blank, a manager must be in place now)
5. If you have a child who will be trying out for the team you are applying for, how would you rate their ability?
Below average skill Average skill Above Average skill
6. If you have pre-selected your coaching staff, how would you rate the ability of their player?
Ass't Coach: Below average Average Above average
Ass't Coach: Below average Average Above average
Trainer: Below average Average Above average
Manager: Below average Average Above average
7. List 3 coaching/development areas of your which you consider your strengths:

ast one being an assistant coach (or association reference and at le
Email Address	Type of Reference
you wish to provide the selection	committee?
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hin the last 3 years, you are requi	ired to sign a declaration, if you
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SAP by contacting Denise at pace	rsregistrar@gmail.com. Police
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