 Coaching Application 2019-2020

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Selection:

First Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Second Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
If your 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

As a coach, you are required to uphold and enforce the NMDMHA Rules and Regulations. Will you familiarize yourself with these rules and enforce them during your tenure as coach?
Yes No

Coaching Resume

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| --- | --- | --- | --- |
| Year  | City / Sport / Team  | Age  | Team Level  |
|  |  |  |  |
|  |  |  |  |
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Playing Resume

|  |  |  |
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| Year  | City / Team  | Level  |
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Who would be on your proposed coaching staff?

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What tournaments do you anticipate entering?

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

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Are you able to attend regular coaching meetings? Yes No

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

Completed applications can be submitted to Jeff Finkbeiner and Ron Poore at: fink09@hotmail.com and ron\_poore@hotmail.com