



PERSONAL INFORMATION

NAME			
ADDRESS			
EMAIL			
HOME PHONE		CELL PHONE	

TEAM INFORMATION

Boys Rep Box

<input type="checkbox"/> Paperweight	<input type="checkbox"/> Tyke Major (2011)*	<input type="checkbox"/> Tyke Minor (2012)*
<input type="checkbox"/> Novice	<input type="checkbox"/> Pee wee 1	<input type="checkbox"/> Pee wee 2
<input type="checkbox"/> Bantam	<input type="checkbox"/> Midget	

*If there are enough kids registered at each age group. Otherwise it will be a single Tyke team.

Girls Rep Box

<input type="checkbox"/> Pee wee	<input type="checkbox"/> Bantam	<input type="checkbox"/> Intermediate
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Spring Field

<input type="checkbox"/> Tyke (U9 ages 7-8)	<input type="checkbox"/> Novice (U11 ages 9-10)	<input type="checkbox"/> Pee wee (U13 ages 11-12)
<input type="checkbox"/> Bantam (U15 ages 13-14)	<input type="checkbox"/> Midget (U17 ages 15-16)	

Do you have a child playing at this level? Yes _____ No _____

If these choices are not available, would you accept a different position? Yes _____ No _____

Are you interested in coaching a **Team 2**? Yes _____ No _____

COACHING CERTIFICATION

If you do not have certification – visit www.orilliaminorlacrosse.com for upcoming clinics.
(This list will be made available as soon as the OLA has published it to us)

NCCP# _____

- | | |
|--|--|
| <input type="checkbox"/> Box –Community Development Level 1 | <input type="checkbox"/> Field – Community Development Level 1 |
| <input type="checkbox"/> Box – Competitive Introduction Level 2 | <input type="checkbox"/> Field – Competitive Introduction Level 2 |
| <input type="checkbox"/> First Aid/CPR (Red Cross or HTCP) | |

PREVIOUS COACHING EXPERIENCE

Start with most recent and list non lacrosse sports last

YEAR	TEAM	ORGANIZATION	LEVEL	ROLE

VULNERABLE SECTOR CHECK

I currently have Vulnerable Sector Check completed in _____ (year), and have included it with my coaching application. If you have not completed a Vulnerable Sector Check within the last 3 years you must do so, and submit receipt with your coaching application.

REFERENCES

List Two References that we can contact by phone – Professional, Parent etc. (no relatives please)

Name	Contact Information

BENCH STAFF

*Please list all potential bench staff. If successful, you will need to submit your final bench staff, after tryouts for final approval. You may have up to 4 coaches, and 1 trainer on your bench. Please have potential coaches/trainer submit their Criminal Record Check and First Aid ASAP. **TRAINER MUST HAVE RED CROSS or HTCP***

Name	Position	Certification

CONDUCT

Have you ever been dismissed or suspended by a Minor Sports organization? Yes _____ No _____

If yes, please specify...

Have you ever been involved in a physical or verbal altercation with anyone before, during or after a game?

Yes _____ No _____

If yes, please specify....

COACHING PHILOSOPHY

Please use the comments box below to outline your coaching philosophy taking into account Physical Fitness, Skill Development, Practice Planning, & Game Strategies. *(Please attach additional information if needed)*

SEASON PLAN

Please use the space below to first articulate team expectations plus a summary of your season plan outlining commitment levels of our Representative Players. Commitment Level is defined as practices per week, dry land training, zone games, exhibition games, and tournaments. *(Please attach additional information if needed)*

Application/Interview Process

The Orillia Minor Lacrosse Selection Committee will be chaired by the VP of Rep. The VP of Rep is tasked with facilitating the process, plus if necessary, serves as the tie break vote only when the selection committee is unable to reach a decision. The focus of the Selection Committee is to review each application, checking references, and then recommend the best candidate for each representative team to the Board of Directors. It is the goal of the Selection Committee to make an informed recommendation without bias to the Board.

I understand that completing a Coaching Application with the OMLA does not guarantee a coaching position. I agree that if selected, I will:

1. Upgrade certification programs when necessary to comply with OLA standards. This includes submitting the notebook required to complete the course prior to the deadline.
2. Attend all Coaches meetings.
3. **Organize the winter skills sessions for your division.**
4. Comply with the Bylaws and Rules of Operation of the Orillia Minor Lacrosse Association.
5. I hereby consent to disclosure of this information, and authorize OMLA to collect information pertaining to this application.

I hereby certify that the above information is true and correct. I hereby certify that the above information is correct and is an accurate representation of my qualifications, and, if requested, be available to discuss my application with the Orillia Minor Lacrosse Coach Selection Committee.

Applicant Signature

Date

If you have any questions or concerns, please contact:

VP of REP

Leah Black

omlavprep@gmail.com

Please submit applications to omlavprep@gmail.com by **Sunday November 18th, 2018 by Noon.**