



## Coaching Application

### Requirements:

#### Section 1:

All **New** Applicants must complete the **Hockey HL/Hockey Canada** coaching requirements before being approved by the MPMHA Executive Committee.

1. Respect in Sport Activity Leader online course <https://hnl.respectgroupinc.com>
2. HC Hockey University online Coaching course <https://register.hockeycanada.ca/clinics>

All HNL/HC coaching clinics require you to register and pay any fees online through these portals. MPMHA will reimburse you once it is confirmed that you are a registered coach with MPMHA and you provide a receipt of payment for the course(s).

All Applications **MUST** be accompanied by an (Criminal Records Screening Certificate & Vulnerable Sector Check form) attached to this Coaching Application.

All forms in this coaching Application must be returned to the MPMHA Office in person or emailed to [mtpearlblades@gmail.com](mailto:mtpearlblades@gmail.com) on or before any imposed deadlines.

Applications will **NOT** be processed without all accompanying forms being returned.

All Applications will be considered based on Hockey Canada coaching qualifications as per Hockey Canada Registry and relevant experience. Final selection is at the discretion of the Board of Directors, Mount Pearl Minor Hockey Association.

#### Section 2:

#### Coaching Applicants Information (Required)

Name: \_\_\_\_\_.

Address: \_\_\_\_\_, Postal Code: \_\_\_\_\_.

Phone. Email 1: \_\_\_\_\_.

Applicants Date of Birth \_\_\_\_\_.

Applicant's Signature \_\_\_\_\_.



**Section 3:**

**Coaching Preferences:**

**Please indicate Position requesting: (Place an X in the box(s) requesting)**

Head Coach	<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>
Manager	<input type="checkbox"/>	Safety Trainer	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

**Please indicate League requesting: Place an X in the box(s).**

Development U7-U9	<input type="checkbox"/>	Girls Hockey	<input type="checkbox"/>
Recreation House League	<input type="checkbox"/>	All-Star	<input type="checkbox"/>

**Please indicate the Division requesting: Place an X in the box(s)**

U7 IP (4-6 yr olds)	<input type="checkbox"/>		<input type="checkbox"/>
U9 Devel Hockey (7-8 yr olds)	<input type="checkbox"/>	U9 Girls Devel Hockey (4-8yr olds)	<input type="checkbox"/>
U11 Hockey (9-10yr olds)	<input type="checkbox"/>	U11 Girls Hockey (9-10yr olds)	<input type="checkbox"/>
U13 Hockey (11-12yr olds)	<input type="checkbox"/>	U13 Girls Hockey (11-12yr olds)	<input type="checkbox"/>
U15 Hockey (13-14yr olds)	<input type="checkbox"/>	U15 Girls Hockey (13-14yr olds)	<input type="checkbox"/>
U18 Hockey (15-17yr olds)	<input type="checkbox"/>	U18 Girls Hockey (15-17yr olds)	<input type="checkbox"/>



**Section 4:**

Hockey Canada Required Coaching Levels: (Place an X to all Levels completed)

HC Respect in Sport Activity Leader - Hockey Online	Required	
HC Hockey University 1-2 Online Course	Required	
HC/HNL Coach 1 Clinic - In class (U7, U9 & Girls U9)	Minimum	
HC/HNL Coach 2 Clinic - In Class (House League U11 up)	Minimum	
HC/HNL Coach Development 1 (All-Star Teams/Provincials)	Minimum	
HC/HNL Checking Course Online (All-Star Teams/Provincials)	Required	
HC Safety/Trainer (All Teams)	Minimum	

Other Coaching Levels or Experience: (last team coached and position)

\_\_\_\_\_

\_\_\_\_\_

**All-Star Coach or Manager Experience:**

To be filled out Only if applying for an All-Star Team Position.

Team: \_\_\_\_\_ . Year: \_\_\_\_\_

Team: \_\_\_\_\_ . Year \_\_\_\_\_



**Section 5:**

**MPMHA Coach Development Agreement:**

As an approved **MPMHA** Coach,

I agree to attend the necessary **Hockey Canada/Hockey NL** coaching development clinics to ensure I meet the requirements to serve as bench staff for the **Mount Pearl Minor Hockey Association**. This will include coaching clinics as scheduled by Hockey NL and speciality clinics/workshops as provided by **MPMHA Technical Staff**.

**I understand that MPMHA reserves the right to remove any coach that does not comply with this requirement.**

**Signature:\_\_\_\_\_ Date: August 8 2022.**

Note - Return all pages of this coaching Application including the RNC Criminal Records Screening Certificate & Vulnerable Sector Check forms to the MPMHA Office when applying for a Coaching or Managers position for review and approval.



# Criminal Records Screening Certificate & Vulnerable Sector Check

**Note:** This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Applicants who cannot apply for a Criminal Record Screening Certificate and or Vulnerable Sector online, or pay the fee online, please send this form and the following documents to the Royal Newfoundland Constabulary, 1 Fort Townshend, St. John's, NL, A1C 2G2, Attention: Director of Finance;

1. Two valid pieces of identification (one of which must be government issues with photo, name, date of birth and signature)
2. Cheque, money order or bank draft in the amount of \$20.00 payable to NL Exchequer.
3. Volunteer Agency letter if applicable

Fees are not required for persons volunteering; you will be required to include a letter from the Volunteer Agency exempting you from the fee. The letter must be printed on the agency's letterhead and include the applicant's name and volunteer position, stating the position is a "volunteer non-paid position."

Processing related to this method may exceed the average 15 business day time frame.

Please select your location

North East Avalon

Corner Brook

Labrador West

## Identification of Applicant

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Second Name \_\_\_\_\_ Third Name \_\_\_\_\_

Maiden / Other Names \_\_\_\_\_ Gender\* \_\_\_\_\_  
(Your last name at birth)

City/Town/Province of Birth\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

### Residential Address

Street Address\* \_\_\_\_\_ Phone Number\* \_\_\_\_\_

City/Town\* \_\_\_\_\_ Apt/Unit \_\_\_\_\_

Postal Code\* \_\_\_\_\_ Province\* \_\_\_\_\_

Mailing Address (if different from residential address)

Same as Residential Address

Street Address\* \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City/Town\* \_\_\_\_\_ Province\* \_\_\_\_\_

Postal Code\* \_\_\_\_\_

Have you been convicted of any offence for which a Record Suspension (formerly pardoned) has not been granted?\*

- YES  
 NO

Have you ever changed your identity?\*

- YES  
 NO

Have you ever been prohibited by any court from possessing any firearm, ammunition, or explosive substance?\*

- YES  
 NO

Reason for Request:\*

- Required For Employment  
 Required For Volunteer Position

Name of Organization requesting the Criminal Records Screening Certificate

MOUNT PEARL Minor Hockey Assoc

Description of the paid or volunteer position

Description of Vulnerable Sector position: Details about the children or vulnerable persons (e.g. age, or other factors that can show how the person is vulnerable)

Contact Person\* DAVE BURRY

Contact Telephone\* 709-364-5352

Contact Mailing Address

Street Address\* Box 114

Apt/Unit \_\_\_\_\_

City/Town\* Mount Pearl

Province\* NL

Postal Code\* A1N 2C1

Consent

I hereby consent that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.

I hereby acknowledge that the police service cannot guarantee that a search for criminal records and criminal findings of guilt will capture every conviction or finding of guilt. I further acknowledge that I am aware that, although the police service exercises best efforts to ensure that search results are accurate, errors or omissions may occur.

In making this application, I agree to allow the Police Service to extend the search to include current investigations and present and or pending charges.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a record suspension (formerly pardon) for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that you understand that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization -- not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a record suspension was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature	Date
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An Applicant must provide: two (2) valid pieces of identification, one of which must be government-issued and include the applicant's name, date of birth, signature and photo

Privacy Statement: The personal information collected in this form will be used only for the administration of those programs provided by the Government of Newfoundland and Labrador for which the supplier is a participant. This information is being collected in accordance with section 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015). All information provided will be maintained in a secure manner and confidentiality will be protected, as required by the ATIPPA, 2015. For questions or comments related to the protection of your personal privacy, please e-mail [RNCATIPP@mc.gov.nl.ca](mailto:RNCATIPP@mc.gov.nl.ca).