



Shuswap Minor Lacrosse Association: Coaching Application Form

*Please return the completed form via **email** to the SMLA Coaching Committee
(president@shuswapminorlacrosse.com), or mail paper copies to:

**Attn: SMLA Coaching Coordinator
Shuswap Minor Lacrosse Association
Box 1106
Salmon Arm, BC
V1E 4P2**

Your name:		
First	Middle	Surname
Your current address:		
		Postal Code:
Birth Date:		
Phone:		
Home	Work	Cell
Email:		
Primary		Secondary
Employer:		
Occupation:	Employers phone:	

1) **Coaching Positions** (place an “X” in the cell indicating the coaching position(s) for which you are seeking. Should you indicate more than one division, please number your selections in order of preference 1, 2, 3...)

Division	Developmental		Advanced	
	Head Coach	Assistant Coach	Head Coach	Assistant Coach
Mini-Tyke ages 5-6			Not Applicable	Not Applicable
Tyke (U8) ages 7-8			Not Applicable	Not Applicable
Novice (U10) ages 9-10			Not Applicable	Not Applicable
PeeWee (U12) ages 11-12				
Bantam (U14) ages 13-14				
Midget (U16) ages 15-16				

Additional Information

2) **Existing certification status (*NCCP National Coaching Certification Program)**

YOUR NCCP #	
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I have no prior certification	
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Existing certification status continued

(Place an "X" beside all that apply):

	<u>In-Training</u> (attended clinic)	<u>Trained</u> (attended clinic & workbook successfully completed)	<u>Certified</u> (clinic + workbook + external evaluations complete)
Community Initiation BOX Lacrosse			
Community Development / Level 1 BOX Lacrosse			
Competitive Introduction / Level 2 BOX Lacrosse			
Competitive Development / Level 3 BOX Lacrosse			
FIELD Lacrosse			
Community Initiation FIELD Lacrosse			
Community Development / Level 1 FIELD Lacrosse			
Competitive Introduction / Level 2 FIELD Lacrosse			
Competitive Development / Level 3 FIELD Lacrosse			

3) Prior lacrosse coaching experience:

Year	Association	Field or Box ("Box" or "F")	Division (i.e., Mini-Tyke, Tyke...Midget)	Position (i.e., Head Coach, Assistant Coach or Co-Coach)	Result
<i>Example:</i>					
<i>2010</i>	<i>Shuswap Minor Lacrosse</i>	<i>Box</i>	<i>Novice</i>	<i>Head Coach</i>	<i>Finished 5th in league</i>

Have you served as Head Coach or Assistant Coach at a Provincial Championship competition?

Provincial Championship Year & Role	Association	Field or Box ("Box" or "F")	Division & caliber (i.e., Mini-Tyke, Tyke...Midget)	Result
<i>Example:</i>				
<i>2009, Head Coach</i>	<i>Shuswap Minor Lacrosse</i>	<i>Box</i>	<i>PeeWee B</i>	<i>Finished 4th</i>

4) Other Coaching Courses or Training:

APPLICATION MUST BE RECEIVED BY JANUARY 15th

Completed box applications will be reviewed by the SMLA Head Coach / Coaching Coordinator, who will make recommendations to the SMLA Coaches Selection Committee. The Coaches Selection Committee will ratify or modify these recommendations which will then be voted on by the SMLA Executive Committee. (Any SMLA Executive members in a direct conflict of interest position on these decisions will be excluded from voting). **Decisions are final.**

General Terms and Conditions

1. I hereby acknowledge and agree to **proactively obtain** and abide by all disciplinary guidelines, policies and procedures of Shuswap Minor Lacrosse, its Executive and TOMBLC (see: www.shuswapminorlacrosse.com).
2. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) and Canadian Lacrosse Association (CLA) requirements for coaching minor box/field lacrosse and ensure that I proactively seek and maintain the required level of certification. This includes observing the embedded Code of Conduct for coaches and Fair Play guidelines.
3. I understand that past player/parent coaching evaluations will be used in my assessment by SMLA. These documents are confidential and will only be made available to the Head Coach, Coaches Selection Committee and President.
4. I understand that SMLA may at their discretion obtain and review disciplinary history information on file with BCLA or other governing lacrosse body and pursue verification of my disclosed coaching status with BCLA/CLA.
5. By way of this application, I give permission to SMLA to pursue a criminal record check on myself.
6. I hereby consent to disclosure of the above information to the SMLA Executive, the Thompson-Okanagan Minor Box Lacrosse Commission (TOMBLC), BCLA and CLA.

Signature: _____ **Date:** _____