

SECTION 3. EXPERIENCE AND QUALIFICATIONS

What is your National Coaching Certification Program (NCCP) Coach Level?
 Year Obtained: _____ Certification Number: _____

Lacrosse Coaching Experience (list in order, starting with the most recent).

Year	Association and Team Name	Age Group	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES:

Name	Home Number	Business Number

Please submit any references you would like considered.

Do you feel your child will make the team for which you are applying? Yes or No

In what portion of the team do you feel your child will rate? Top Middle Bottom

Will you coach the team if an independent committee does not assess your child to make the team?
 Yes or No

Are you certified for the level for which you are applying? Yes or No

If you are not certified at the required level, are you available to take a weekend course(s) to attain the required level? Yes or No

SECTION 4. COACHING PHILOSOPHY

What is your coaching philosophy?

What, in your opinion, is a successful season?

What is your personal opinion on the subject of equal floor time?

How do you discipline players in the following scenarios?

1. Disrespect towards the coaching staff:

2. Disrespect towards fellow team members:

3. Habitual lateness or absence from practice(s):

How do you intend to convey team rules to the parents?

- i. In writing
- ii. Parent meeting(s) through team manager
- iii. Tell the players verbally

Undertakings:

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of the CLA, BCLA, the District and local Minor Lacrosse Association and agree to carry out and abide by their constitutions, bylaws, rules and regulations.
3. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching minor lacrosse and ensure that I maintain the required level of certification.
4. By way of this application, I will provide the Port Coquitlam Minor Lacrosse Association with a current criminal record search of myself. **FOR CONFIDENTIALITY, PLEASE FORWARD YOUR CRIMINAL RECORD CHECK DIRECTLY TO DEREK MILANI, 2133-2850 SHAUGHNESSY STREET BOX 214, PORT COQUITLAM, BC V3C 6K5. DO NOT ATTACHED TO THIS APPLICATION.**
5. Attached is a copy of the Coaching Certification Record passport.

Signature: _____ Date: _____

Print Name: _____

Fax Application to D.Washington, Coaching Coordinator: **778-285-2449**.