



**TEAM ONTARIO**  
**-STAFF APPLICATIONS-**  
**2020 NATIONAL ABORIGINAL HOCKEY CHAMPIONSHIPS (NAHC)**

**CALL-OUT FOR MANAGERS, COACHES & TRAINERS**

Indigenous Sport and Wellness Ontario (ISWO) will be accepting applications for volunteer Team Staff, such as; **General Manager(s), Coach(es) and Certified Trainers**. These positions will lead Male and Female Divisions for Team Ontario to compete at the 2020 National Aboriginal Hockey Championships (NAHC). In total, ISWO will take four teams to represent Team Ontario at this Hockey Canada sanctioned event which will be held in Regina, Saskatchewan from May 9th-16th 2020.

**OVERVIEW**

The NAHC serves as a premier event that annually showcases elite minor level indigenous hockey players from across Canada. The NAHC are designed as an elite, all-star format where the best hockey players are selected to compete on behalf of their respective province/territory. This event is inclusive, meaning anyone of Indigenous ancestry, including First Nations – Status and non-Status, Inuit and Métis, are eligible to compete.

**APPLICATION PROCESS**

1. Fill-out and submit an online application form. Printable Application Forms should be completed and scanned or faxed to: [Team.Ontario@iswo.ca](mailto:Team.Ontario@iswo.ca) / 905-412-0325 (Fax)  
 [SUBJECT LINE: STAFFING APPLICATION 2020 NAHC]
2. Eligible staffing may be asked to have an in-person, online and/or phone interview.
3. Forms will remain open until positions are filled. All applications will be considered; however, Coaches of Indigenous descent (First Nation, Inuit and Métis) are preferred.

| GENERAL MANAGER(S)   | COACH(ES)  |
|--|--|
| <ul style="list-style-type: none"> <li>● Reports to ISWO</li> <li>● Assists in evaluating, recruiting and selecting players, planning and coordination of all off-ice hockey activities</li> <li>● Assists in selecting the Team Staff</li> <li>● In collaboration with Coaching Staff, responsible for all team communications and necessary paperwork</li> <li>● Responsible for all necessary preparation before, during and after the event</li> <li>● In cooperation with the Coaching Staff, is responsible for the supervision of the players <b>at all times</b> during team activities</li> </ul> | <ul style="list-style-type: none"> <li>● Reports to General Manager and ISWO</li> <li>● Involved in the selection process for the Assistant Coaches (2) and Trainer</li> <li>● Involved in the process for drafting roles and responsibilities for the Assistant Coaches (2) and Trainer</li> <li>● Evaluates, recruits and selects players in collaboration with Team Staff</li> <li>● In cooperation with Team Staff, and in consultation with ISWO, plans and conducts all on-ice and off-ice activities</li> </ul> |

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Works to motivate and support the players to achieve team goals and objectives.</li> <li>• In collaboration with ISWO, develop the budget for NAHC, which includes but not limited to travel, accommodations, food services, equipment and apparel</li> <li>• Ongoing communication with Team Ontario coaches, trainers, parents/guardians, players and ISWO</li> <li>• Involved with the process for drafting roles and responsibilities for the Assistant Coaches (2) and Trainer.</li> <li>• Any other duties assigned includes fundraising</li> </ul> | <ul style="list-style-type: none"> <li>• Plans, implements and control communication and pre-game preparation of the team</li> <li>• In cooperation with the Team Staff is responsible for the supervision of the players <b>at all times</b> during team activities</li> <li>• Organizes in collaboration with the general Manager and ISWO, a series of practices in advance of the NAHC, if financially able to</li> <li>• Ongoing communication with Team Ontario Coaches, Trainers, Parents/Guardians, Players and ISWO</li> <li>• All decisions relating to Team Ontario are to go through the General Manager and ISWO</li> <li>• Any other duties assigned includes fundraising</li> </ul> |
|--|--|

**TRAINER(S)**

- Implement an effective Risk Management program with your team that strives to prevent injuries and accidents before they happen.
- Assume a proactive role in identifying and minimizing or eliminating risks during all activities, and if ever in doubt, always err on the side of caution.
- Ensure that all players are provided with meaningful opportunities and enjoyable experiences free from physical and/or emotional maltreatment.
- Promote proper conditioning, warm-up, and cool down techniques as effective methods of injury prevention.
- Maintain accurate medical information files on all players and team officials and bring these to all team activities including a player injury log.
- Provide a list for a fully stocked First Aid Kit to be maintained and brought it to all team activities.
- Recognize life-threatening and significant injuries, and be prepared to deal with serious injury.
- Manage minor injuries according to basic injury management principles and refer players to medical professionals when necessary.
- Recognize injuries that require a player to be removed from action. Refer players to medical professionals and coordinate return to play.
- Promote a healthy lifestyle with all hockey participants by being a good role model and by educating participants regarding hygiene, performance-enhancing substances, drug and alcohol abuse, nutrition and hydration.
- Facilitate communication with players, coaches, parents, physicians, therapists, paramedical personnel, officials and other volunteers regarding safety, injury prevention and player's health status.
- Act as a Hockey Trainer for both your team and your opponents if only one Hockey Trainer is present.

# APPLICATION FORM

**IF MORE SPACE IS NEEDED TO COMPLETE ANY SECTION OF THIS APPLICATION:**

*Attach a separate document and check this box (right)*

## A. PERSONAL INFORMATION

|  |  |                             |                                       |                                |   |
|--|--|-----------------------------|---------------------------------------|--------------------------------|---|
| <b>Last Name:</b>                        |  |                             |                                       |                                |   |
| <b>First Name:</b>                       |  |                             |                                       |                                |   |
| <b>Preferred Name to be Called:</b>      |  |                             |                                       |                                |   |
| <b>Middle Name:</b>                      |  |                             | <b>Middle Initial(s):</b>             |                                |   |
| <b>Preferred Gender Pronoun:</b>         | <input type="checkbox"/> They                      | <input type="checkbox"/> Ze | <input type="checkbox"/> He           | <input type="checkbox"/> She   | <input type="checkbox"/> No pronoun preferred |
|  | <input type="checkbox"/> A pronoun, not listed:    |                             |                                       |                                |   |
| <b>Ethnicity:</b>                        | <input type="checkbox"/> First Nation (Status)     |                             | <input type="checkbox"/> Métis Status | <input type="checkbox"/> Inuit | <input type="checkbox"/> Non-Native           |
|  | <input type="checkbox"/> First Nation (Non-Status) |                             |                                       |                                |   |
| <b>Status #:</b><br><i>If Applicable</i> |  |                             |                                       |                                |   |

**ALL APPLICATIONS WILL BE CONSIDERED; HOWEVER, COACHES OF INDIGENOUS DESCENT ARE PREFERRED**

|   |  |
|---|--|
| <b>Health Card #:</b><br><i>10 Digits and Version Code (two letters), If Applicable</i> | <b>Date of Birth:</b><br><i>(dd/mm/yyyy)</i> |
| <b>NCCP #:</b>  | <b>Current Age:</b>                          |
| <b>Community/Band(s) Represented:</b>   |  |
| <b>Mailing Address:</b>   |  |
| <b>City/Town:</b>   | <b>Postal/Zip Code:</b>                      |
| <b>Province/State:</b>  | <b>Country:</b>                              |
| <b>Phone #:</b><br><i>(Primary)</i>   | <b>Phone #:</b><br><i>(Secondary)</i>        |
| <b>Email:</b>   |  |

|                           |                          |  |                          |   |                          |  |                          |  |
|---------------------------|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|--|
| <b>Eligibility Assets</b> | <input type="checkbox"/> | Respectable Character  | <input type="checkbox"/> | Standard CPR/ First Aid                           | <input type="checkbox"/> | Making Headway in Sport                    | <input type="checkbox"/> | Sport-Specific NCCP Certification(s)       |
|                           | <input type="checkbox"/> | Age of 18+ upon Application Submission   | <input type="checkbox"/> | Valid Driver's License                            | <input type="checkbox"/> | Aboriginal Coaching Module                 | <input type="checkbox"/> | Respect in Sport – Activity Leader Program |
|                           | <input type="checkbox"/> | Able to stand, walk or wheel for an extensive duration of time and/or distance | <input type="checkbox"/> | Making Ethical Decisions (MED): -Class Module, or | <input type="checkbox"/> | Other: Details provided within application |                          |  |

**B. POSITION PREFERENCE(S) – IDENTIFY WHAT YOU ARE APPLYING FOR**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Coach, Head      | <input type="checkbox"/> General Manager | In the event you are not selected as Coaching Staff, would you consider becoming a Chaperone?<br><br><input type="checkbox"/> YES / <input type="checkbox"/> NO<br><input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE - Team Ontario NORTH<br><input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE - Team Ontario SOUTH |
| <input type="checkbox"/> Coach, Assistant | <input type="checkbox"/> Trainer         |   |

For planning purposes, please include any concerns or known dates that you will be unavailable to be perform any general Roles & Responsibilities as a Coach in the space provided below:

**C. SPORT PREFERENCE(S) – CATEGORIES YOU ARE INTERESTED IN VOLUNTEERING FOR**

Review table below. Enter your 'top three' preferred choices in numbered order (1, 2 & 3 – one, being highest)

| 2020 NAHC        | TEAM ONTARIO |        |       |        |
|------------------|--------------|--------|-------|--------|
| SPORT PROGRAM(S) | NORTH        |        | SOUTH |        |
|                  | Male         | Female | Male  | Female |
| HOCKEY (ICE)     |              |        |       |        |

**WITH THE EXCEPTION OF CHAPERONES, TEAM STAFF CANNOT OVERSEE ATHLETES WHOM ARE THEIR OWN CHILD(REN), GRANDCHILD(REN) OR SIBLING(S)**

**D. EMERGENCY DETAILS – IN THE EVENT OF AN EMERGENCY**

|   |   |   |  |
|---|---|---|--|
| Medical, Allergy and Food Considerations: | <i>If None, Check Here</i> <input type="checkbox"/> |   |  |
| <b>EMERGENCY CONTACT</b>                  | Preferred Gender Pronoun:                           | <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Ze <input type="checkbox"/> No Pronoun preferred<br><input type="checkbox"/> Other, not listed: _____ |  |
| Relation to Applicant:                    |   |   |  |
| Full Name:                                |   |   |  |
| Primary Phone #:                          |   | Alternative Phone #:  |  |
| Residential Address:                      | Email Address:                                      |   |  |
|   |   |   |  |

| E. COACHING EDUCATION – REQUIREMENTS TO VOLUNTEER   |   |
|---|---|
| NCCP#:  |   |
| REQUIREMENTS TO COACH   | DATE OBTAINED<br><i>(mm/yyyy)</i>   |
| <i>Aboriginal Coaching Module (ACM)</i>   |   |
| <i>Respect in Sport – Activity Leader Program</i>   |   |
| <i>Sport-Specific Certification, or equivalent<br/>(as listed in the 2020 NAHC Sport Technical Package)</i>   |   |
| <b>IF ANY OF THE ABOVE REQUIREMENTS ARE NOT YET OBTAINED:</b><br>By checking this box (right) - I understand that by the month of May 1 <sup>st</sup> , 2020 I must have obtained ALL of the above requirements or risk forfeiting my position to another eligible Applicant <input style="float: right;" type="checkbox"/>       |   |
| <b>OTHER:</b>   | List any other relative course(s) or certification(s) obtained in a listing by title and date obtained.   |
|   |   |
| <b>DESIRES:</b>   | List any leadership education, professional development or other relative opportunities in which you may be interested in taking.<br><i>[i.e - Apprenticeships, Certifications, Conferences, Training; Sport-specific/Multi-sport, etc.]</i>  |
|   |   |
| <b>REFERENCES:</b>  | Please list two references: 1) from either a league, club or organization and 2) from a parent/guardian or community member to verify your skills and abilities.<br><i>[Family and ISWO staff are not eligible references]</i><br><i>[Details Required: First &amp; Last Name, Primary &amp; Alternative Contact Number, Email Address]</i> |
|   |   |
| Please provide the address and name of your local police station that corresponds with information from two pieces of accepted valid identification. [i.e. - driver's license, status card, birth certificate]<br><i>[For purpose of a letter that may be provided to obtain reference checks as the requesting organization]</i> |   |
|   |   |

| F. DECLARATION – STATEMENT OF UNDERSTANDING  |  |
|--|--|
| I understand and agree that submitting this application form does not automatically register me for a volunteer Team Staff position, and that there are certain qualifications I must meet. If selected, I will provide ISWO with the appropriate reference checks requested. By submitting this form, I attest that the information I have provided is true and accurate. I am aware that this application submission is for purposes of my possible participation in a quality sport leadership position during National Aboriginal Hockey Championships which will take place in Regina, Saskatchewan from May 9th-16th 2020. |  |
| _____<br><i>Signature of Applicant</i>   | Date: _____ / _____ / _____<br><i>dd / mm / yyyy</i> |