



**Cambridge Ringette
Coaching Application**

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City / Province: _____ Postal Code: _____

Home Phone: _____ Other Phone: _____

Email: _____

TEAM CHOICE

First: _____ Second: _____

Season (please state year): _____

If these choices were not available would you accept a different position? YES NO

CERTIFICATION

First Aid Certification Year _____ # _____

Manager Year _____ # _____

Coaching Level _____ Year _____ # _____

Coaching Level _____ Year _____ # _____

Coaching Level _____ Year _____ # _____

Coaching Level _____ Year _____ # _____

Coaching Level _____ Year _____ # _____

Coaching Level _____ Year _____ # _____



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All Bench Staff must have OR be prepared to have proper qualifications by November 30th to coach in the playing season.

BENCH STAFF (OPTIONAL)

Asst Coach _____ Level _____ # _____

Asst Coach _____ Level _____ # _____

Manager _____ Level _____ # _____

Trainer _____ Level _____ # _____

Do you have a child/children currently playing ringette in Cambridge? Yes No

Do you have a child/children currently playing ringette in a different Association? Yes No

If yes, please indicate their team assignment for the ringette season.

Child #1 _____ Child #2 _____

In approximately 50 words or more, please indicate your reasons for wishing to coach in the Cambridge Ringette Association. Use a separate sheet if necessary.



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POLICE RECORD CHECK

As mandated by the Ontario Ringette Association (ORA), Cambridge Ringette requires Police Record Checks on all Coaches, Assistants, Managers and Trainers. If you have submitted a Police Record Check within three (3) years you DO NOT require another for the upcoming season but you must submit proof of Police Check.

EXPERIENCE

Coaching Experience

POSITION HELD (Coach, Manager, Trainer)	AGE/DIVISION (U10, U12B, U14A etc.)	ASSOCIATION	YEAR

Playing Experience

TEAM	ASSOCIATION	YEAR



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Attach Resume or Use Additional Sheet if Necessary

REFERENCES

Please provide 2 references with this application (NO RELATIVES PLEASE)

Name	Name
Address	Address
Phone	Phone

I, _____, authorize the Cambridge Ringette Association to collect personal information appropriate to the position I am applying for. I understand that the information obtained will be confidential.

Signature: _____ Date: _____

Cambridge Ringette is always striving to be the best ringette association it can be. Our coaches and volunteers should do the same.

I, _____ understand that it's my sole responsibility to ensure that my coaching certification is up to date and current. I have and/or will provide a police records check prior to November 1. I understand that if selected as a coach for a Cambridge Ringette team, I must abide by ORA and CRA Rules and Regulations.

Signature of Applicant _____ Date _____

Coaching is a great way to be involved. Training to attain qualifications is funded by the Cambridge Ringette Association (CRA).

If you require additional information about the coaching selection process, please contact
Director of Coaches, coachcambridgeringette@gmail.com