

Guelph Ringette Association BENCH STAFF APPLICATION



Name: _____

Current Address: _____

Years at current address: _____ Date of Birth: _____

Telephone: _____ Email: _____

POSITION DESIRED: _____ Season Requested: _____

| Division | Check | Level | 1 | 2 | 3 | Position | 1 | 2 | 3 |
|-----------|-------|---|---|---|---|-------------------|---|---|---|
| Fun 1/LTS | | AA | | | | Head Coach | | | |
| Fun 2 | | A | | | | Assistant Coach | | | |
| Fun 3 | | B/C | | | | Trainer | | | |
| U12 | | | | | | Manager | | | |
| U14 | | | | | | Coach-in-training | | | |
| U16 | | <i>For each Division, Level and Position please indicate your 1st, 2nd and 3rd choice by checking the appropriate column.</i> | | | | | | | |
| U19 | | | | | | | | | |
| Open | | | | | | | | | |

COACHING QUALIFICATIONS: Please attach copies of all applicable certificates/cards

NCCP Number _____ R.O. Number _____

In the following table, please enter the date of RO Certification:

CSI (Non-competitive) Community Sports Introduction and CI (Competitive) Competitive Initiative

| Certification – New | | | |
|---------------------------------|----------------|----------------|----------------|
| C.I. Certified | | | |
| C.I. Trained | | | |
| C.S.I./Ringette Community Coach | | | |
| Respect in Sports/Safe Sport | | | |
| Making Ethical Decisions (MED) | | | |
| Certification – Old | Level 1 | Level 2 | Level 3 |
| Theory | | | |
| Technical | | | |
| Practical | | | |

Other Courses: (X) (Please indicate dates)

Manager () _____

Trainer () _____

First Aid () _____

Other(s) () _____

N.B. In order to be registered with RO, you must now have or must attain (before November 30 of the current season) the requisite qualifications for the position you are offered.

Past Coaching / Managerial Experience: (Use a separate sheet if necessary)

Please identify the organization/association, age and level of play and the approximate time of your involvement. Include ringette and any other sport.

Please state your Coaching Philosophy: (Use a separate sheet if necessary)

Explain, for instance, your attitude towards winning, losing, players, ice time, discipline and administrative matters.

Why do you want to coach this team? (Use a separate sheet if necessary)

If applicable, are you interested in coaching a team other than your child/children's?

Yes ()

No ()

Not Applicable ()

If applicable, what level of ringette did your child/children play this past season?

Not Applicable ()

Note for Coaches/Managers/Trainers applying to coach a Provincial Team:

Be advised that your daughter must complete the try-out process and receive independent evaluations and qualify to make the team.

For all Coaches/Managers/Trainers:

References:

Name 3 persons not related to you (1 from outside Ringette) and a contact phone number.

| Name: | Phone Number: |
|-------|---------------|
| | |
| | |
| | |

All Bench staff must have a valid criminal Police Record Check completed within the last three years.

Acknowledgement:

I, the undersigned, agree to abide by the Guelph Ringette Association's by-laws, rules, regulations, policies and procedures, and those also outlined in the Ontario Ringette Association Operating Manual. I will accept full responsibility for my actions at all times while acting as an official of the Guelph Ringette Association.

Signature: _____ **Date:** _____

Please send completed applications to: cpdc@guelphringette.ca