



## Sudbury Ringette Association Coach/Assist. Coach/Trainer/Manager Application

***Due to ORA policy, it is important that you fill out ALL information***

Name:		Date of Birth:	
Telephone:		E-mail Address:	

Address(es) for the past 5 years:

From (year)	To (year)	Street, City, Province

POSITION DESIRED: *(click to place x in boxes)*

Division	1	2	3	Position	1	2	3
U7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asst. Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For each Division, Level and Position please indicate your first, second and third choice by checking the appropriate column.			
U19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**COACHING QUALIFICATIONS:**

CC Number: \_\_\_\_\_

ORA Number: \_\_\_\_\_

*In the following table, please enter the date of ORA Certification:*

Clinic (NCCP)	Level 1	Level 2	Level 3	Clinic	Trained	Certified
Theory				CSI		
Technical				CI		
Practical				MED		

**Other Courses:** (X) (Please indicate dates)

Manager  \_\_\_\_\_ Trainer  \_\_\_\_\_  
 First Aid  \_\_\_\_\_ Other(s)  \_\_\_\_\_

***N.B. In order to be registered with ORA, you must now have or must soon attain the requisite qualifications for the position you are offered.***

**Sudbury Ringette Association  
Coach/Assist. Coach/Trainer/Manager Application ~ cont'd**

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**Past Coaching Experience:** (Ringette or any other sport)

Please identify the organization and the approximate time of your involvement. Use and attach a separate sheet if necessary.

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

Explain, for instance, your attitude towards Long Term Athlete Development (reference Ontario Ringette Association website <http://www.ontario-ringette.com/SDev/compliance.php?sub=SDev> ), winning, losing, players, ice time, discipline and administrative matters.

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

**What level of Ringette did your child play this past season?**

**References:**

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

Name	Phone Number

The Ontario Ringette Association has implemented a screening program for all Bench Staff for all levels of play. It requires that each member of the Bench Staff submit a Volunteer Criminal Record Check prior to meeting with the players. Each individual will be responsible for having their own Volunteer Criminal Record Check completed. Please be assured that these will be kept confidential, only the privacy officer will review and record the record check, and then return the check to the individual.

Once all applications are received and reviewed, all applicants will be notified and then required to attend a interview, with the Coaching Committee, to help in the selection process. Information of what will be required for the interview will be sent with the interview notification via email.

We appreciate your cooperation with this procedure. Should you have any questions about the process or about the application please feel free to contact the SRA Director of Coaching Harry Hirsimaki at [harrih34@hotmail.com](mailto:harrih34@hotmail.com) Please submit all applications via email to [harrih34@hotmail.com](mailto:harrih34@hotmail.com)