



**CHATHAM RINGETTE ASSOCIATION**  
**2020 - 2021 Coaching Application**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**DEADLINE for Submission: Application must be received by February 29th, 2020**

DIVISION	1st	2nd	3rd	LEVEL	1st	2nd	3rd
U9 - Bunny							
U10 - Novice							
U14 - Tween							
U19 - Belle							
				For each division and level please indicate your 1st, 2nd and 3rd choice by checking the appropriate column			

Coaching Qualifications: (copy of certificate is required if currently certified)

NCCP Number (REQUIRED) \_\_\_\_\_

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

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

<b>Certification New</b>			
C.I Certified			
C.I Trained 1			
C.S.I. Trained			
<b>Certification Old</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Theory			
Technical			
Practical			

**\*\* All Bench Staff must have or obtain (before December 1st of the current season) the required qualifications for the position you are offered. All Bench Staff must have a valid police check completed in accordance with the Ontario Ringette Association screening program. The costs are covered by the Association.**

**Current and past coaching experience:** (Include ringette and/or any other sport) Please identify the organization, age, level of play and the approximate time of your involvement (use and attach a separate sheet if necessary).

**Please state your coaching philosophy:** Explain, for instance, your team goals, attitude towards winning, losing, players, ice time, discipline and administrative matters (use and attach a separate sheet if necessary).

**Why do you want to coach?** (use and attach a separate sheet if necessary).

**If applicable, are you interested in coaching a team other than your child/childrens?** Yes \_\_\_\_\_ No \_\_\_\_\_

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

**Have you considered who will assist you on your bench?** Please list

**REFERENCES:** List 3 people not related to you (1 from outside Ringette) and phone number.

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|----------|--------------------|
| 1. _____ | TELEPHONE #: _____ |
| 2. _____ | TELEPHONE #: _____ |
| 3. _____ | TELEPHONE #: _____ |

Due to registration uncertainty, the final selection of coaches for some levels may be delayed. Every effort will be made to select coaches for the next season no later than the end of the current season. Interviews may be conducted.

Chatham Ringette reserves the right to solicit more applications if needed.

**Return Applications to: Paul Norris, Coaching Co-ordinator** either in person, by email to pnorris3@cogeco.ca or by mail to Chatham Ringette Association P.O Box 492, Chatham, Ontario, N7M 5K6

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I, the undersigned coaching applicant, in registering with Chatham Ringette Association agree to abide by the Association's by-laws, rules, policies, principles and philosophies as outlined in the ORA Operating Manual. I also agree that I am responsible for my own medical coverage. Further, I release the Chatham Ringette Association from all claims arising from participation in any activity. I authorize the Chatham Ringette Association to collect personal information appropriate to the position I am applying for. I understand that the information obtained will be confidential.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_