

**SPECIAL OLYMPICS NEWFOUNDLAND & LABRADOR
PROVINCIAL TEAM ASSISTANT COACH APPLICATION FORM
2018 Special Olympics Canada National Summer Games – Nova Scotia**

POSITION APPLYING FOR:

- Head Coach (5 Pin Bowling only, We are looking for 2 coaches)**
 ASSOCIATE COACH Athletics Swimming Soccer

Name: _____ Birth Date: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone (H): _____ Phone (C): _____

Email: _____

COACHING QUALIFICATIONS

NCCP Level 1 Theory +
Required: Make Ethical Decisions – Trained

SOC Level 1 Technical & Practical

OR

Special Olympics Canada **Competition** Sport Coach Workshop (for head coaches)

or
Special Olympics Canada **Community** Sport Coach Workshop

NCCP Part A

New NCCP Sport Specific
**** Required for Head Coach (where applicable)**

Did you attend Provincial Qualifier for these National Games in that Sport? Yes No

Have minimum two-program year's experience as SONL coach before application? Yes No

Please list any additional certification that would be an asset to this position (i.e.: First Aid, CPR, athletic Injuries):

OTHER QUALIFICATIONS OR RELATED EXPERIENCE:

ACTIVE COACHING EXPERIENCE:

COACHING (list related experiences both within and outside of Special Olympics at provincial/national/international games/championships; state the sport, # of years and location)

OTHER VOLUNTEER WORK: Please indicate other work/volunteer experiences you have had other than in Special Olympics that may be pertinent.

❖ The qualities that I will bring to the position are:



❖ My reasons for making an application for the Assistant Coach (

REFERENCES: Attach 1 letter of reference to this application (mandatory), which include where the reference person may be contacted for further information. The letter is to be from someone in your Special Olympics club who is not a family member

DEADLINE FOR APPLICATION: August 11 , 2017

SEND TO: Mike Daly
Special Olympics Newfoundland & Labrador
87 Elizabeth Ave
St. John's, NL A1B 1R6
miked@sonl.ca OR fax: (709) 738-0119

I hereby certify that the above information is true. If selected, I agree to complete a medical information form.

(Date)

(Signature)