



**SPECIAL OLYMPICS NEWFOUNDLAND & LABRADOR
PROVINCIAL TEAM- COACH APPLICATION FORM
2020 Special Olympics Canada National Winter Games
Thunder Bay, ON**

Mission Staff Application

- SPORT: Snowshoeing Bowling
 Cross Country Skiing / Figure Skating / Speed Skating
- NON-SPORT: Medical

Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone (H): _____ (C): _____

Email: _____

Coach Certification #: _____

OR I have not attained NCCP Certification to date.

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)*

NCCP Part A

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

Making Ethical Decision- Evaluated

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

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Newfoundland
& Labrador**



Have minimum two-program year's experience as SONL volunteer before application?

Yes No

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

OTHER QUALIFICATIONS OR RELATED EXPERIENCE:

ACTIVE COACHING/ MEDICAL 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.

GOALS & OBJECTIVES

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Please answer the following questions in the space provided:

❖ The definition of a "successful team" to me means:

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

❖ My reasons for making an application for the Mission Staff position are:

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

If chosen as a member of Team SONL I will be available for the following weekends.

1. Coach/Mission Staff orientation and information weekend (Location and Date TBD)
2. Sport specific training camp (Location and date TBD)

DEADLINE FOR APPLICATION: April 25, 2019

SEND TO: Mike Daly
Special Olympics Newfoundland & Labrador
87 Elizabeth Avenue
St. John's, NL A1B 4H7
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)