

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

Head Coach Application

Should I not be selected as the Head Coach I would like to have my application considered for other positions (see attached job description)

positions (see attached job description)				
□ Yes, please consider my application when selecting alternate positions				
□ Associate Coach □ Mission Staff				
□ No, I do not wish to have this application considered for an alternate position				
SPORT: Cross Country Skiing Snowshoeing Floor Hockey Curling Figure Skating Speed Skating Bowling				
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 1Technical & Practical				
OR				
Special Olympics Canada Competition Sport Coach Workshop (for head coaches)				
Making Ethical Decisions- Evaluated				
NCCP Sport Specific				

** Required for Head Coach (where applicable)



Will attend Provincial Qualifier for these National Games in that Sport? \square Yes \square No Have minimum two-program year's experience as SONL coach before application? \square Yes \square 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.



GOALS & OBJECTIVES

Please answer the following questions in the space provided:

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*	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 Head Coach or Coach position are:		
the	EFERENCES: Attach 1 letter of reference to this application (mandatory), which include where reference person may be contacted for further information. The letter is to be from someone 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: February 4th, 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)