Section: COMPETITIONS 6000-09

**Topic:** TEAM PEI APPLICATION FORM

Effective Date: October 2003 Page 1 of 2

Revised Date: January 2019

## Team PEI YYYY Application Form Coach and Mission Staff Positions

## **Special Olympics**Prince Edward Island

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I AM INTERESTED	) IN THE POSITION(S) OF: (SE	LECT <u>ALL</u> THAT APP	LY)		
☐ HEAD COACH	ASSISTANT COACH	☐ TRAINING COAC	H MISSIC	ON STAFF	
TITLE	Mr. □ Ms. □ FIRST			LAST	
	Mrs. □ Miss □ NAME		i -	NAME	
	Street Name, Civic No., and/o	r Apt. No.	Email		
CONTACT					
CONTACT INFORMATION	City			Postal Cod	'e
			Work Phon	Phone No.	
		,			
IF YOU ARE APPLYING FOR ANY <u>COACHING POSITIONS</u> PLEASE INDICATE <u>ALL SPORTS</u> IN WHICH YOU WISH TO APPLY FOR:					
	☐ FLOOR HOCKEY ☐ 10-PIN BOWLING ☐ RHYTHMIC GYMNASTICS				
	☐ CURLING ☐ NORDIC SKIING	☐ 5-PIN BOWLING ☐ SOFTBALL		ASKETBALL OCCER	
	ALPINE SKIING	☐ TRACK & FIELD	□в	OCCE	
	☐ SPEED SKATING ☐ FIGURE SKATING	☐ POWER LIFTING ☐ SWIMMING	□G	OLF	
	Snowshoeing		*RE	MOVE OPTIO	NS AS NEEDED
	Approximately how many ye	ars have you been invo	lved in Special	Olympics? _	
	Indicate your sport experience as a Player, Coach, or Team Manager (including non-Special Olympics programming):				
	☐ FLOOR HOCKEY ☐ CURLING	☐ 10-PIN BOW☐ 5-PIN BOWL		□ Golf □ Basketba	ALL
RELEVANT	☐ Nordic Skiing ☐ Alpine Skiing	☐ SOFTBALL ☐ TRACK & FIE	I.D.	☐ Soccer☐ Bocce	
SPORT	☐ SPEED SKATING	☐ Power Lifti			
EXPERIENCE	☐ FIGURE SKATING ☐ SNOWSHOEING	☐ SWIMMING ☐ RHYTHMIC GY	'MNASTICS		<del></del>
				d as a Coach, i	——————————————————————————————————————
	Provincia	l Games: N	ational:	Internati	onal:
	What is your NCCP Coach Id	entification Number?			
COACH AND	Do you have First Aid and CP	R Training? YES	NO		Expiry Date:
VOLUNTEER	OLUNTEER  Please list any other Professional Development opportunities (Non-NCCP Course, Event, Workshop,  Mentorship, etc.) you attended that you feel may be relevant to the position you are applying for:				
TRAINING					
		Title			Date
				<del></del>	

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	List your relevant experiences and qualities (management, administrative, communication, etc.) that you bring to the team.			
Other Information	• • What are your reasons or goals for applying to be a member of Team PEI <u>YYYY</u> ? • •			
	As a Coach or Mission on Team PEL YYYY, you would hold a key leadership position. Briefly describe a situation where your leadership and communication competencies were demonstrated, resulting in a favorable resolution.			
	Is there any additional information (Generic Experience, etc.) you wish to include in your application?			
	Are you available inclusively for the period ofDATE through toDATE for coaches meetings, training and, attendance at the games? YES NO  Do you have or can you obtain a VALID driver's license? YES NO			
	I understand that the misrepresentation or omission of information in this application is cause for potential Refusal or Dismissal as a member of Special Olympics PEI and that I must comply to the			
Agreement	following if selected to be an official member of Team PEI YYYY:  1.Pass a Criminal Record Check (CRC) and Vulnerable Sector Check (VSC)  2.Comply with the Pan Canadian Code of Conduct and Ethics Policy  3.Submit a signed Coach/Mission Training Agreement			
of Terms	Print Name: Signature:			
	Date:			
	The completed and signed application form must be returned no later than DATE at TIME. It may be mailed to the SOPEI Office, faxed to 902-894-4553, or emailed to sopei@sopei.com.			