



# Ontario 5 Pin Bowlers' Association

Mailing Address Only: Suite 129, 5-18 Ringwood Dr., Stouffville, Ontario, L4A 0N2  
Telephone: (416) 426-7167 Facsimile: (416) 426-7167 Website: www.o5pba.ca

## O5PBA BOWLING SCHOOL STAFF APPLICATION

POSITION: INSTRUCTOR   
PRO

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
TELEPHONE #: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
EMAIL ADDRESS (Print Clearly): \_\_\_\_\_

EACH INSTRUCTOR/PRO/STAFF WILL RECEIVE A SHIRT AT THE SCHOOL. THE SHIRTS ARE AVAILABLE IN THE FOLLOWING MEN'S SIZES. PLEASE SPECIFY:

SMALL     MEDIUM     LARGE     X-LARGE     XX-LARGE

HOME BOWLING CENTRE & LOCATION: \_\_\_\_\_

NUMBER OF YEARS BOWLING: \_\_\_\_\_

NUMBER OF YEARS AS CERTIFIED COACH: \_\_\_\_\_  
STATUS: COMMUNITY COACH \_\_\_\_\_  
COMPETITIVE COACH \_\_\_\_\_

PREVIOUS BOWLING SCHOOL EXPERIENCE: YES \_\_\_\_\_ NO \_\_\_\_\_

**HAVE YOU PARTICIPATED IN YBC AS:**

A BOWLER Yes  No  NUMBER OF YEARS \_\_\_\_\_  
A COACH Yes  No  NUMBER OF YEARS \_\_\_\_\_  
A SUPERVISOR Yes  No  NUMBER OF YEARS \_\_\_\_\_  
A PROGRAM COORDINATOR Yes  No  NUMBER OF YEARS \_\_\_\_\_  
A ZONE REPRESENTATIVE Yes  No  NUMBER OF YEARS \_\_\_\_\_

**PLEASE STATE WHAT YOU CONSIDER TO BE THE HIGHLIGHTS AND ACCOMPLISHMENTS YOU ACHIEVED IN THE YBC PROGRAM. Please include zone, provincial and national appearances.**

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**HAVE YOU PARTICIPATED IN O5PBA:**

A MEMBER Yes  No  NUMBER OF YEARS \_\_\_\_\_  
A ZONE/DC VOLUNTEER Yes  No  NUMBER OF YEARS \_\_\_\_\_  
A COACH Yes  No  NUMBER OF YEARS \_\_\_\_\_

**PLEASE STATE WHAT YOU CONSIDER TO BE YOUR ACCOMPLISHMENTS, AND THE YEAR(S) IN O5PBA PROGRAMS AND EVENTS, INCLUDING ZONE, PROVINCIAL AND NATIONAL PARTICIPATION.**

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**ONTARIO/C5PBA OPEN EXPERIENCE: # OF YEARS \_\_\_\_\_ ONTARIO \_\_\_\_\_ NATIONAL SINGLES \_\_\_\_\_ TEAM \_\_\_\_\_ COACH \_\_\_\_\_**

**PLEASE NOTE WHAT YOU CONSIDER TO BE YOUR ACCOMPLISHMENTS, E.G. MEDALS, ALL STAR TEAM, ETC.**

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**HAVE YOU PARTICIPATED IN MBAO AS:**

TOURNAMENT DIVISION Yes  No  NUMBER OF YEARS \_\_\_\_\_  
TEACHING DIVISION Yes  No  NUMBER OF YEARS \_\_\_\_\_  
SENIORS DIVISION Yes  No  NUMBER OF YEARS \_\_\_\_\_

**PLEASE STATE WHAT YOU CONSIDER TO BE YOUR ACCOMPLISHMENTS, AND THE YEAR(S) IN MBO PROGRAMS AND EVENTS, INCLUDING ZONE, PROVINCIAL AND NATIONAL PARTICIPATION.**

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**LEFT / RIGHT HAND \_\_\_\_\_ STEP APPROACH \_\_\_\_\_**

**CURRENT AVERAGE: \_\_\_\_\_ LIFETIME AVERAGE: \_\_\_\_\_**

**HIGH GAMES: SINGLE \_\_\_\_\_ TRIPLE \_\_\_\_\_ FIVE \_\_\_\_\_ TEN \_\_\_\_\_**

**WHAT DO YOU CONSIDER TO BE YOUR MOST SATISFYING ACCOMPLISHMENTS IN 5 PIN?**

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**WHAT FUTURE GOAL(S) DO YOU PERSONALLY HAVE IN BOWLING?**

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**WHAT DEVELOPMENTS WOULD YOU LIKE TO SEE IN THE FUTURE OF 5 PIN BOWLING?**

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ARE YOU CURRENTLY A PROPRIETOR OR MANAGER

Yes

No

BOWLING CENTRE \_\_\_\_\_

**NOTE: IF THERE IS INSUFFICIENT SPACE ALLOWED, USE ADDITIONAL PAGE(S) AS MAY BE NECESSARY OR BACK OF PAGES.**

**NOTE**

As a committee of the O5PBA, we attempt to ensure that as many areas of the province as possible are represented by our staff. Staffing requirements are determined by the number of students that enroll to attend, therefore, submission of this application does not guarantee that the applicant, although well qualified, will be a staff member in the current year. As a result of the limited requirements, we will try to ensure that a rotation of staff occurs annually and all successful will be individually notified by May. Thank you for submitting your application.