



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**
 ASSISTANT 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:				
<input type="checkbox"/> SMALL	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LARGE	<input type="checkbox"/> X-LARGE	<input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>	NUMBER OF YEARS	_____
A COACH	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NUMBER OF YEARS	_____
A SUPERVISOR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NUMBER OF YEARS	_____
A PROGRAM COORDINATOR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NUMBER OF YEARS	_____
A ZONE REPRESENTATIVE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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.

HAVE YOU PARTICIPATED IN O5PBA:

A MEMBER	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NUMBER OF YEARS	_____
A ZONE/DC VOLUNTEER	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NUMBER OF YEARS	_____
A COACH	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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.

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.

HAVE YOU PARTICIPATED IN MBAO AS:

TOURNAMENT DIVISION	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NUMBER OF YEARS	_____
TEACHING DIVISION	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NUMBER OF YEARS	_____
SENIORS DIVISION	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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.

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?

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

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

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.