



Ontario 5 Pin Bowlers' Association

1185 Eglinton Avenue East, Suite 602, North York, Ontario, M3C 3C6
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2008 O5PBA/YBC BOWLING SCHOOL JULY 16TH-20TH, 2008

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:

SMALL MEDIUM LARGE X-LARGE XX-LARGE

HOME BOWLING CENTRE & LOCATION: _____
NUMBER OF YEARS BOWLING: _____
NUMBER OF YEARS AS CERTIFIED COACH: _____ LEVEL II _____
PREVIOUS BOWLING SCHOOL EXPERIENCE: _____

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.

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.

**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 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.

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. As you are aware, there are 24 Instructor and 24 Pro spots available annually. Therefore, submission of this application does not guarantee that the applicant, although well qualified, will be 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.

STAFF MEDICAL QUESTIONNAIRE

(This Section Must Be Completed)

NAME: _____

ONTARIO HEALTH INSURANCE #: _____

DO YOU HAVE ANY MEDICAL CONDITION(S) OF WHICH WE SHOULD BE AWARE? (i.e. diabetes, hypertension, angina, migraines, broken wrist)

Please List:

ARE YOU CURRENTLY TAKING PRESCRIPTION MEDICATION FOR THIS CONDITION?

Please List:

PLEASE NOTE ANY SIDE EFFECTS OR CONTRAINDICATIONS THAT YOU MAY HAVE EXPERIENCED WITH THIS MEDICATION.

Please List:

DO YOU HAVE ANY ALLERGIES? YES NO

Please list any FOOD allergies: _____

Please list any MEDICATION allergies: _____

Please list any ENVIRONMENTAL allergies: _____

Is there anything else that you would care to add? _____

SIGNATURE: _____ **DATE:** _____