



Ontario 5 Pin Bowlers' Association

3 Concorde Gate, Suite 302, Toronto, Ontario, M3C 3N7
Telephone: (416) 426-7167 Facsimile: (416) 426-7364 Website: www.o5pba.ca

O5PBA/YBC 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:

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. 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.