

# NEWMARKET RINGETTE ASSOCIATION BENCH STAFF APPLICATION

**Name** \_\_\_\_\_ **ORA#** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Prov** \_\_\_\_\_ **PC** \_\_\_\_\_

**email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_  
M D Y

**Ringette bench staff experience**

Level _____	Position _____	Year _____
_____	Position _____	Year _____
_____	Position _____	Year _____

**Other sports experience**

Sport _____	Position _____	Year _____
_____	Position _____	Year _____
_____	Position _____	Year _____

**Do you have NCCP certification?** (circle one) Yes / No (Training will be provided by the Association)

**If yes:** Cert# \_\_\_\_\_

Sport \_\_\_\_\_

Level \_\_\_\_\_ Tech / Theory / Practical (circle)

**Position requested** (circle) Coach Asst Coach Manager Trainer

**Level** (circle) Bunny Novice Petite Tween Junior Bell Open

**Known Health Problems** None Yes (Please list) \_\_\_\_\_

**Drug Allergies** None Yes (Please list) \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Phone: \_\_\_\_\_

In applying for a Bench Staff position with Newmarket Ringette Association I hereby agree to abide by the rules and regulations of the Association and governing organizations. All Bench Staff Members must have a VSS (Vulnerable Sector Screening) Test completed and forwarded to the Newmarket Associations Coach and Player Development Executive by the date specified by the Executive. VSS forms will be provided by the Newmarket Ringette Association and can be taken to your local police station.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of parent or Guardian** \_\_\_\_\_  
(if applicant is under age of 18)