



## 2009 TEAM PERSONNEL APPLICATION

**PERSONAL INFORMATION:**

Last Name:		First Name:	
Street Address:			City:
Postal Code:	Home #: (       )	Email:	

Do you have children playing lacrosse in 2009?       Yes     No

If yes, please indicate what divisions and level: \_\_\_\_\_

If applying for the position of head coach or assistant coach, is this your first year coaching lacrosse?       Yes     No

If no, how many years have you been coaching lacrosse? \_\_\_\_\_

**APPLYING FOR:**

Division	Level	Position
<input type="checkbox"/> Junior Paperweight <i>Birth Years 2005, 2006</i>		<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Assistant
<input type="checkbox"/> Senior Paperweight <i>Birth Years 2003, 2004</i>		<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Assistant
<input type="checkbox"/> Tyke <i>Birth Years 2001, 2002</i>		<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Assistant
<input type="checkbox"/> Novice <i>Birth Years 1999, 2000</i>	<input type="checkbox"/> House League <input type="checkbox"/> Representative <input type="checkbox"/> Both	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager
<input type="checkbox"/> Peewee <i>Birth Years 1997, 1998</i>	<input type="checkbox"/> House League <input type="checkbox"/> Representative <input type="checkbox"/> Both	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager
<input type="checkbox"/> Bantam <i>Birth Years 1995, 1996</i>	<input type="checkbox"/> House League <input type="checkbox"/> Representative <input type="checkbox"/> Both	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager
<input type="checkbox"/> Midget <i>Birth Years 1993, 1994</i>	<input type="checkbox"/> House League <input type="checkbox"/> Representative <input type="checkbox"/> Both	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager
<input type="checkbox"/> Intermediate <i>Birth Years 1988, 1989, 1990, 1991, 1992</i>	<input type="checkbox"/> House League <input type="checkbox"/> Representative <input type="checkbox"/> Both	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager

\* Coaches may be required to provide a season plan, practice plans and goals prior to an interview with the Team Personnel Selection Committee.

**COACHING, TRAINING AND/OR MANAGING EXPERIENCE:**

Please list all experience below; if you have been coaching consecutively for the past five years, please list the last five years only. If additional space is required, please attach separate sheet.

Year	Organization	Team Name	Level

**TRAINING DETAILS (COACHING):**

Please indicate what lacrosse training you have received and attach a copy of your certification.

Certification	Year Achieved	NCCP #
<input type="checkbox"/> NCCP Introduction to Competition Part A <i>(Previously known as Theory 1)</i>		
<input type="checkbox"/> NCCP Competitive Coach Introduction <i>(Previously known as Technical 1)</i>		

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**TRAINING DETAILS (TRAINERS):**

Please indicate certification you have and attach a copy of your certification.

Certification	Year Achieved	Certification # (if applicable)
<input type="checkbox"/> Any St. John Ambulance <i>Emergency First Aid</i> course of 8 hours (or more)		
<input type="checkbox"/> Canadian Red Cross <i>Standard First Aid &amp; Basic Rescuer CPR</i> course		
<input type="checkbox"/> Sport Alliance of Ontario/Canadian Red Cross <i>Sport First Aid</i> course		
<input type="checkbox"/> Ontario Hockey Trainer's Certificate Program		
<input type="checkbox"/> A professional designation (examples: MD; RN; Policeman; Fireman)		

**OTHER CLINICS AND WORKSHOPS COMPLETED:**

Please list any additional clinics and/or workshops that you have taken to enhance your skills (coaching, training, lacrosse, communications, etc). Attach separate sheet if more space is required. Please attach copy of certification (if available).

Date (MM/DD/YY)	Details

**REFERENCES:**

Please list two (2) references – i.e. a parent of a child you have coached in the past.

Name	Phone #	Email
	(    )    -	
	(    )    -	

**COMMITMENT:**

I certify that the above information represents an accurate description of my qualifications. As a coach, trainer or volunteer of any representative or house league team, I will seek and attain the proper training required by the Canadian Lacrosse Association (CLA), Ontario Lacrosse Association (OLA), Zone 5 and/or Kingston Lacrosse Association (KLA), and ensure that every member of the teams' volunteer staff is trained appropriately. If accepted as a coach, trainer or volunteer of any Kingston Lacrosse Association (KLA) team, I will know and understand the Association's rules of fair play and treatment of players.

I understand if accepted as a coach, trainer or volunteer of any Kingston Lacrosse Association (KLA) team, I am required to have a CPIC completed at my local OPP office. This CPIC will be kept in a confidential file only viewed by select KLA Executives Members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail complete application to:  
 Kingston Lacrosse Association  
 PO Box 20055, Kingston, ON K7P 2T6  
 Attention: Team Personnel Selection Committee

Applications may be emailed to the President @ [nfowler@kingstonlacrosse.com](mailto:nfowler@kingstonlacrosse.com)

**Application Deadline: March 31, 2009.** Applicants will be notified when the interviewing process begins.

If you have questions regarding this process, please contact Nicole Fowler, President, either by phone (613) 531-4779 or email: [nfowler@kingstonlacrosse.com](mailto:nfowler@kingstonlacrosse.com).

*Attachments Required with Application:*

- Copies of certification(s)
- CPIC