



Application for Team Manager

Event(s) Applying For: _____

Discipline (✓): Women's Artistic ____ Men's Artistic ____ T & T ____ RG ____ A.G. ____

Applicant's Name: _____

Address: _____

Postal Code: _____ Email: _____

Phone Number: (C) _____ (H) _____
(W) _____ (F) _____

PREVIOUS EXPERIENCE:

Team Management: _____

Leadership Opportunities: _____

Other Related Experience: _____

CERTIFICATIONS:

NCCP COACHING: Level ____ Date Certified ____ Actively Coaching YES / NO

PCCP COACHING: Level ____ Date Certified ____ Actively Coaching YES / NO

JUDGING Level ____ Date Certified ____ Actively Judging YES / NO

FIRST AID Level ____ Date Certified ____ St. John's / Red Cross

CPR Level ____ Date Certified ____ St. John's / Red Cross

RISK MANAGEMENT YES / NO Date Completed _____



List 3 References (ie. Athletes over 12, parents, other coaches, professionals etc.)

1. **Name** _____
Address _____
Telephone _____

2. **Name** _____
Address _____
Telephone _____

3. **Name** _____
Address _____
Telephone _____

Please review the following and sign below.

Whereas I am interested in being considered for a coaching position with Gymnastics Ontario and I am required by the association policy to supply references.

And whereas I understand that disclosure of a reference check or information verification may not necessarily preclude me from performing the duties/functions/responsibilities I am interested in.

And whereas I understand that, if Gymnastics Ontario should decide any reference or information verification disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that information to determine whether or not my reference check or information verification indicated that I present a risk to participants or the association.

I therefore, authorize Gymnastics Ontario to check references and verify information supplied on an application form or resume.

I understand the information obtained by Gymnastics Ontario will be strictly confidential, however may be shared with relevant organizations/clubs in order to confirm a decision.

I have read, understood and am in agreement with the Gymnastics Ontario Code of Conduct and Code of Ethics.

Signature _____ **Date** _____

Completed Applications Should Be Returned To:

GYMNASTICS ONTARIO, 3 Concorde Gate Suite 214, Toronto, Ontario, M3C 3N7
Phone: (416) 426 – 7339, Fax: (416) 426 – 7377

**** A copy of your completed Police Records Check (PRC) must accompany this form if you have not submitted one in the last 2 years. (Please be aware that Up to 8 weeks may be required to obtain a copy of your PRC)***