

Full Na	ıme:						Address	s:					
City:			Province:					Postal Code:					
Phone	(H):				Phone (M):					Date of Birth:			
NCCP #:					What is your current coaching certification level?								
PIM:					Position Desired:				Level Desired:				
MED :	MED : Will you coach a team other than your child's/dependent's: Y N												
First Aid Level: Date				e of Expiration: CPR AED									
Past Coaching Experience (Ringette and other)													
References – Name 3 persons not related to you. One from outside of ringette.													
Name							Phone #						
I,					understa	and	that it's	my s	ole re	esponsibility to ensu	re that my		
coaching certification is up to date and current. I have and/or will provide a police records check prior to													
October 13 th of each season. I understand that if selected as a coach for Fraser Valley Ringette Association, I must abide by FVRA mission statement, policies & procedures													
Cignoture of Applicant										Data			
Signature of Applicant							mado r	orior t	o form	Date	nossible A		
Note: Final decisions of Head Coaches positions will be made prior to formations of teams if possible. All successful candidates will be notified by the Director of Coaching.													
FRVA uses an electronic version of the Criminal Records Check complete with Vulnerable Sector Check through the BC Ministry of Justice. You must complete this to be on a bench staff. It is valid for two years.													
Access Code: DCN9ECWUVE. Click here it complete CRC W/VS Please notify the Director of Coaching													
by email,when you have completed your CRC, with your name and which team your with. coaching@fvringette.com													