Ontario 5 Pin Bowlers' Association

1185 Eglinton Avenue East, Suite 602, North York, Ontario, M3C 3C6
Telephone: (416) 426-7167 Facsimile: (416) 426-7364 Website: www.o5pba.ca

2007 O5PBA/YBC BOWLING SCHOOL
JULY 12TH-15TH, 2007

POSITION:

- ☐ **INSTRUCTOR**
- ☐ **ASSISTANT INSTRUCTOR**
- ☐ **PRO**
- ☐ **GROUP LEADER**
- ☐ **FACILITATOR**

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.

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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.

_____
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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 MBAO PROGRAMS AND EVENTS, INCLUDING ZONE, PROVINCIAL AND NATIONAL PARTICIPATION.

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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?

_____
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_____
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_____
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WHAT FUTURE GOAL(S) DO YOU PERSONALLY HAVE IN BOWLING?

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WHAT DEVELOPMENTS WOULD YOU LIKE TO SEE IN THE FUTURE OF 5 PIN BOWLING?

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_____
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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. As you are aware, there are 24 Instructor and 24 Pro spots available annually. Therefore, submission of this application does not guarantee that the applicant, although well qualified, will be 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.

STAFF MEDICAL QUESTIONNAIRE

(This Section Must Be Completed)

NAME: _____

ONTARIO HEALTH INSURANCE #: _____

DO YOU HAVE ANY MEDICAL CONDITION(S) OF WHICH WE SHOULD BE AWARE? (i.e. diabetes, hypertension, angina, migraines, broken wrist)

Please List:

_____

_____

_

ARE YOU CURRENTLY TAKING PRESCRIPTION MEDICATION FOR THIS CONDITION?

Please List:

_____

_____

_

PLEASE NOTE ANY SIDE EFFECTS OR CONTRAINDICATIONS THAT YOU MAY HAVE EXPERIENCED WITH THIS MEDICATION.

Please List:

_____

_____

_

DO YOU HAVE ANY ALLERGIES? YES ☐ NO ☐

Please list any FOOD allergies: _____

_____

_

Please list any MEDICATION allergies: _____

_____

_

Please list any ENVIRONMENTAL allergies:

_____

_____

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Is there anything else that you would care to add?
_____

_____
_

SIGNATURE: _____ **DATE:** _____