

## **ALBERTA WINTER GAMES**

## **ZONE COACH APPLICATION**

Name:	<b>Zone:</b> If you are unsure which zone you are from please click <u>here</u> for a map.
Home Address:	
Home Phone #:	Cell Phone #:
Email:	
Date of Birth:	NCCP#:
Archery Experience	
Please check all that apply to you	
☐ Archer (# of years? ☐ Certified Archery Official (# of years? ☐ NCCP Certified Archery Coach (# of years) ☐ Non-Certified Archery Coach (# of years) ☐ Parent of Archery Athlete ☐ Enthusiastic Volunteer  Please provide a brief explanation of archery any levels of certification you hold and past	s?  y knowledge and experience. Please include details of

By submitting this application the applicant acknowledges that they will be required to provide proof of negative results to a criminal record and vulnerable sector check to the Provincial Sport Coordinator and that their application for the criminal record and vulnerable sector check must be completed as soon as they are named to the role of Coach.

By submitting this application the applicant accepts and agrees to complete all of the roles and responsibilities set out in the Alberta Winter Games Archery Team Manager & Team Coach Information Package and any other jobs the Provincial Sports Coordinator assigns.

All applications should be submitted to the Provincial Sport Coordinator via email. The address for submission is <a href="mailto:provincial-coordinator@archeryalberta.ca">provincial-coordinator@archeryalberta.ca</a>