

2018 U SPORTS WOMEN'S HIGH PERFORMANCE HOCKEY PROGRAM

SUPPORT STAFF APPLICATION FORM

PERSONAL INFORMA	TION			
Name:				
Institution:			ference:	
Mailing address:	☐ Home	□ W	'ork	
-			_(Cell)	
Email Address:			_	
Language(s) spoken:	☐ English	☐ French		
Do you hold a valid Pa	assport:	□ No		
APPLICATION DETAIL	.s			
I would like to apply fo	or the following U SP	ORTS Women's	All Star Hockey Teams:	
	U SPORTS Women's Hockey Team (Hockey Canada's Women's Development Camp) August 4-12, 2018 in Calgary, AB			
	2019 FISU Winter Universiade Women's Hockey Team March 2-12, 2019 in Krasnoyarsk, Russia			
I prefer my application	to be considered as	(please give a ı	anking if applicable):	
☐ Team Leader	☐ Equipn	nent Manager	☐ Athletic Therapist	







Plea	NERAL EXPERIENCE ase indicate the following information relate ar achievements or awards	ing to your experience: year, team, position, championships,
u s	PORTS EXPERIENCE	
	you have previous experience with Canad DRTS National Championships, FISU…)	lian University Sport or U SPORTS (Institutions, Conferences, U ☐ YES ☐ NO
Plea	ase feel free to add any additional relevar	on: year involved, team, position/role, record or achievements at experiences (certification, national championships, international positions held, length of experience, locations, etc.).
REF	FERENCES	
	ase include the name of three (3) reference in the can contact in regards to your app	ces that are familiar with your background, and that the Selection blication:
1.	Name:	
	Current Position/Organization:	
	Telephone:	Email Address:
2.	Name:	
		Email Address:
3.	Name:	
	Telephone:	
	Email Address:	







APPLICATION PROCESS

All Applications must be received by email before:

- A. Hockey Canada Development Camp: Wednesday May 16, 2018 5:00 PM EST
- B. 2019 FISU Winter Universiade: Thursday May 24, 2019 5:00PM EST

Please send application form, résumé and written endorsement of your institution's Athletic Director (if applicable) to Barbara Giroud at the U SPORTS National Office*:

Barbara Giroud

U SPORTS – Coordinator, Sport 45 Vogell Road, Richmond Hill, ON <u>bgiroud@usports.ca</u> +1 (416) 709 – 9445

*By pressing the "Submit via email" button below you will be redirected to your mailbox to send the form to Barbara Giroud. **Please remember to attach the other required documents stated above.**

SUBMIT VIA EMAIL



