

# Cowichan Valley Minor Hockey Association

## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h)\_\_\_\_\_ (c)\_\_\_\_\_

DOB:\_\_\_\_\_ email: \_\_\_\_\_

Volunteer Position Interested in: \_\_\_\_\_

### **PART 1 – DIVISION OF YOUR CHILD** (please check ✓ )

U6 \_\_ U7 \_\_ U8 \_\_ U9 \_\_ U11 \_\_ U13 \_\_ U15 \_\_ U18 \_\_ U21 \_\_

Female \_\_\_\_\_ add level

### **PART 2 - Certification/Training**    **Year Completed**

Managers, Safety & Coaches must have this to be place on roster:

**\*\*Respect in Sport (Team Staff)** \_\_\_\_\_

**\*\*Concussion Awareness** \_\_\_\_\_

**\*\*Criminal Record Check – please complete yearly**

Although being a volunteer does not require the above certifications, it does not hurt to take these courses. Please check with the office if you require confirmation of completion.

[www.bchockey.net/clinics/Clinics.aspx](http://www.bchockey.net/clinics/Clinics.aspx)

### **Last volunteer position:**

<b>Year</b>	<b>Position</b>	<b>Association/Team Name</b>	<b>Age Group</b>
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**If you are new to managing CVMHA have resources to review on what is involved on our website.**

**Please note each team must have one manager, no co-managers, one Safety Person and one Head Coach.**