



CALGARY HORNETS LACROSSE ASSOCIATION

TRAINER, MANAGER, TEAM TREASURER, TEAM VOL. COORDINATOR APPLICATION

Personal Information

Name: _____ DOB: _____
Last First (Maiden – Female Coach) YEAR / MONTH / DAY

Address: _____
Street City Prov. Postal Code

Phone Numbers: _____
Home Cell

Email Address: _____

Division Wanting to Volunteer In: _____ WHAT POSITION VOLUNTEERING FOR: _____

CHILDREN REGISTERED IN HORNETS LACROSSE

<u>Last Name</u>	<u>First Name</u>	<u>Level</u>

If Volunteering as a Trainer: Expiry of Cert.: _____ or: Profession: _____

List Teams or Organizations Volunteered for (most recent first):

<u>Year</u>	<u>Association</u>	<u>Division</u>	<u>Contact</u>

Calgary Hornets Lacrosse Association (“Hornets”) strives to provide a safe and secure lacrosse environment for the athletes to enjoy. In an effort to provide the best protection for the players, Hornets require that each Trainer agree to a Vulnerable Sector Check. Please indicate your agreement to perform Vulnerable Sector Check. Hornets require that each Manager, Team Treasurer, Team Volunteer Coordinator agree to a Police Background Check. Please indicate your agreement to perform a Police Background Check.	
_____ Yes	_____ No

Signature: _____ Date: _____

Approved: _____
Calgary Hornets Lacrosse Association