



## Volunteer Application

Name of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ HCR #: \_\_\_\_\_  
DD MM YYYY

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Residence): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

### Team Selection

Please indicate choosing the club and level in which you would like to volunteer on.

	<b>U7</b>	<b>U9</b>	<b>U11</b>	<b>U13</b>	<b>U15</b>	<b>U18</b>
Port Hardy Minor Hockey						
Port McNeil Minor Hockey						
TriPort Wild (Female Program)	N/A	N/A				
North Island Eagles	N/A	N/A				

Please indicate the position/role you would like to volunteer as.

Assistant Coach	
Manager	
Safety	
On Ice Helper	

Are you completely certified for the position for which you are applying? (Please see <http://triporthockey.ca/> for the required certifications for each position.)

Yes  No



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If you are not certified, do you agree to attain the required certification before the first practice?

Yes  No

Have you ever been suspended/disciplined as a volunteer? If "Yes" Please explain

Yes  No

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***All volunteers will be required to have a valid criminal record check and all other required certifications before participating in any practices or games (there may be some exceptions for coaches and assistant coaches).***

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

