



## YELLOWKNIFE MINOR HOCKEY VOLUNTEER APPLICATION

NAME		EMAIL	
ADDRESS			
HOME PHONE		CELL PHONE	
DATE OF BIRTH		HCR or NCCP	

DIVISION APPLIED FOR			
Governor	Manager	Safety Person	<i>Please note the safety people for U9, U7, U5, Midnight Sun will also be skate tiers.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Under 5</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Under 7</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Under 9</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Under 11</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Under 13</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Under 15</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Under 18</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Female Teams -Midnight Sun – DT Jr – DT Sr (please circle)</b>

Interested in volunteering in a general capacity duties still to be determined	
<input type="checkbox"/> YES	

For any volunteers interested in the Safety person position there is a mandatory Hockey Canada Safety Course.

<https://ehockey.hockeycanada.ca/ehockey/ClinicDetail.aspx?cid=131098>

TRAINING		
Have you completed the mandatory Respect in Sport? (for parents)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you completed the RCMP Vulnerable Sector Check? (application will not be accepted unless completed check is attached)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you completed the Hockey Canada Safety Course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you completed Hockey Canada Planning a Safe Return to Play?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please list any other relevant volunteering or safety courses completed		

LIST YOUR CHILDREN REGISTERED IN YKMHA		
CHILD'S NAME	BIRTHDATE	DIVISION

DECLARATION	
I declare that the information provided in this application is accurate and truthful at the time of completion:	
SIGNATURE:	DATE:

ATTENTION: As previously noted, Yellowknife Minor Hockey Association requires that all coaches, assistant coaches, trainers, and volunteers provide to the Association an RCMP Vulnerable Sector Check once every 2 years. This form must be submitted to the Admin Assistant or Director of Admin prior to any scheduled tryout, practice or game. Failure to comply with this policy will result in the individual forfeiting their right to serve on the bench or on the ice in any capacity. In order to get the Criminal Records Check/Vulnerable Sector Check please take 2 pieces of ID (one picture ID) with you to the local RCMP Detachment. Hours 9am-Noon, the detachment now has the letter and will put your name on it. Please attach the complete RCMP Criminal Records Check with your application.

Email completed applications to [info@ykminorhockey.ca](mailto:info@ykminorhockey.ca) or email for address to drop off.