



## MINOR HOCKEY VOLUNTEER APPLICATION

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
(Full Name) (mm/dd/yyyy)

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

**Tel (Home):** \_\_\_\_\_ **Tel (Work):** \_\_\_\_\_

**E-mail(s):** \_\_\_\_\_

### Level

Minor Atom  Atom  Minor PeeWee  PeeWee   
Minor Bantam  Bantam  Minor Midget  Midget

### Volunteer Position

Trainer  Manager  **Other**  \_\_\_\_\_

If preferred position is unavailable, would you be interested in another position Yes  No

### I'm interested in volunteering to help the Club for one or more of the following

(Proceed to Section 3)

Fundraising & Sponsorship  Club Special Event

Other opportunities that arise during the season  \_\_\_\_\_

## SECTION 2

**Application Checklist:** Please attach the completed documentation or verifying that you will complete the task at the earliest possible opportunity (please check ODHA.com for clinic/certification seminar dates)

### **Certifications:**

I have completed all necessary certifications for the position I am applying for

Please include certification number(s) and date(s) completed:

\_\_\_\_\_

I **will** apply for and complete all necessary certifications required for the position I am applying in a timely manner (cut-off date TBD i.e. Nov 1<sup>st</sup>).



**Police Record Check:**

- I have completed my PRC in the year 20\_\_\_\_ (good for 2 seasons)       Copy attached
- I have not completed a PRC for ORHC but commit to having one done and submitting the results to the Competitive Convenor ASAP. **(copy located on [www.orhc.ca/forms](http://www.orhc.ca/forms) )**
- Please email me a volunteer letter from the Club and I will make my own arrangements to complete one at a Police Station
- I will attend the Police Check day arranged by ORMHA if available

**Speak Out:**

- I have completed the Speak Out course on \_\_\_\_\_ (month/year)
- I **will** sign up and complete the Speak Out course

**SECTION 3**

**Undertaking:**

1. I hereby consent to disclosure of the above information.
2. I hereby acknowledge the authority of Hockey Canada, ODHA, ODMHA and ORHC and agree to carry out and abide by their constitutions, bylaws, rules and regulations.

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

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

Please remit your completed application to:

ORHC General Manager,  
5484 Wicklow Drive,  
Manotick, ON K4M 1C4  
OR,  
By e-mail: [gm@orhc.ca](mailto:gm@orhc.ca)