NANAIMO 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

Last volunteer position:

Year Position	Association/Team Name	Age Group

If you are new to managing NMHA have resources to review on what is involved on our website. https://hockeynanaimo.com/coaches/team-management/

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