

Willowdale Hockey Club

scan/e-mail to carol.willowdale@gmail.com



Annual Team Official Application

This form is to be used by **any** volunteer who will coach, assistant coach, train, manage or otherwise volunteer to help with Willowdale House League or Select programs.

Please complete all fields. No adult will be allowed behind the bench or on the ice at Willowdale unless this form is completed and validated. Once complete, we welcome all properly documented volunteers! Thanks for your patience.

Name & Year of Birth of your child(ren) at the club: _____

I do not have a child at Willowdale, reason for interest: _____

Your details please

First and Last Name: _____

Address: _____

Postal code: _____

Phone # _____ E-mail _____

Previous address if less than 12 months above: _____

Gender: _____ Birth date: _____ (MM/DD/YYYY) – sorry, this is for the insurance co!

Interested in:
(circle interest)

- Coach
- Assistant Coach
- Trainer
- Manager
- General Volunteer ON-ICE / OFF-ICE

Interested for:
House League
Select
HL & Select

Coaching credentials:

I have a coaching/trainer certificate: describe _____

I have completed **RIS-Activity Leaders/SpeakOut** course ** YES / NO

I have completed **OHF Gender Identity and Expression** course ** YES / NO

Police check: I have a current VSS police check or it is on file from last year ** YES / NO

**** Speak Out, Vulnerable Sector check and Gender Expression** are now mandated by the OHF for all volunteers 18 years and older. IF YOU HAVE A POLICE CHECK, PLEASE ATTACH IT TO THIS FORM. If not, we will contact you to get it done.

Attach your signed **ROWAN'S LAW** acknowledgement. See <http://willowdalehockey.com/rowans-law/>

Volunteer Signature and date _____

In signing this form I agree that **I will wear a helmet at all times** when I am on the ice in any capacity.

Club Official Signature and date _____

Registrar input _____ Rowan _____ Police check on file _____