

NEBC Predators Female Rep Hockey Association Volunteer Application Form

VOLUNTEER INF	ORMATION (Please Print)	:							
LAST NAME:				FIRST NAME:						
ADDRESS:				HOCKEY ID:						
				DIDTUDATE						
				BIRTHDATE:	(mm/c	dd/year)				
PHONE:				CELL PHONE:	(,,					
EMAIL:										
HOME ASSOCIATION:										
Do you have a child participating in the division you are applying for? Yes No DIVISION APPLYING FOR: U13 U15 U18										
POSITION APPLYING FOR:										
HEAD COACH: TEAM MANAGER: SAFETY PERSON (HCSP):										
MINIMUM REQUIREMENTS:										
TEAM OFFICIAL REQUIRED QUALIFICATIONS										
PREDATORS	Respect In Sport Parent	Respect in Sport Coach	Criminal Record Check	Hockey Canada Safety Course/Clinic	Coaching Clinic (On-line Course may be required prior to attendance)	Concussion Awareness Training Tool				
PARENT (One Parent/Family)	х									
СОАСН		×	x		х	x				
MANAGER		х	х			x				
SAFETY PERSON		×	×	х		×				
ON-ICE HELPER		ONLY IF 18+ YEARS	ONLY IF 18+ YEARS							
JERSEY PARENT	х									
TRAINER		х	х	Х		x				
APPICANT	APPICANT QUALIFICATIONS/CERTIFICATIONS:									
COACH - DE	COACH - DEVELOPMENT 1: HCSP TRAINING: EXPIRY:									
CRIMINAL RECORD CHECK: EXPIRY: CATT:										
RESPECT IN SPORT - LEADER: EXPIRY: OTHER:										

EXPERIENCE: Please specify and give relevant details of experience in the position you are applying for.								
SEASON/YEAR	POSITION/TITLE		DIVISION	DETAILS/COMMENTS				
REFERENCES:	(Personal a	nd/or Profe	essional)					
Name		Contact Phone		Relationship to Applicant				
				<u> </u>				
APPLICANT GOALS:	Please tell us	a little abou	t yourself and what you	wish to achieve in the position you are a	pplying for.			
I am aware that the fir	rst aim of m	ninor sports	is the personal and ch	aracter development of each indivic	lual			
				participant in my charge will be give				
	_	-		ne actions of all coaches and team o				
during any contest sha	all be that o	f honorable	conduct and shall exe	mplify good example. I am aware o	f and			
agree that any behavio	or on my pa	art that wou	ıld be contrary to the a	bove aims would forfeit my priviled	ges.			
Applicant Signature:				Date Signed:				

Please return completed application by July 1, 2024 to predatorsfemalehockey@gmail.com

Thank You for taking the time to apply