



## Toronto Leaside Girls Hockey Association – Volunteer Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Player name: \_\_\_\_\_

I am interested in sponsoring a team or arranging for a sponsorship from my employer: Yes [ ] No [ ]

I am interested in volunteering as (please check all that apply)

- |                                   |  |                                       |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Coach    | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Trainer      |
| <input type="checkbox"/> Convenor | <input type="checkbox"/> Co-convenor     | <input type="checkbox"/> Statistician |
| <input type="checkbox"/> Banquet  | <input type="checkbox"/> Other _____     |                                       |

Skills and Qualifications to Offer (check all that apply)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Trainers Certification: | Certificate number: _____                   | Exp. Date: _____                      |
| <input type="checkbox"/> Coaching Certification: | Certificate number: _____                   | Exp. Date: _____                      |
| <input type="checkbox"/> Medical or First Aid    | <input type="checkbox"/> Certified Official | <input type="checkbox"/> Others _____ |

Coaching / Training Background: \_\_\_\_\_

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### **VOLUNTEER AGREEMENT**

I \_\_\_\_\_ have agreed to volunteer with Leaside Girls Hockey League as a  
(print name)  
\_\_\_\_\_ for the 2009-2010 season. I have read and will follow the Association's  
(volunteer position)

Guidelines (adopted May 23, 1996). I will also follow the Fair Play Codes, policies and guidelines set out by Hockey Canada, the Ontario Hockey Federation and the Ontario Women's Hockey Association. I understand and will follow the Harassment policies set out by the Ontario Women's Hockey Association.

I will attend all games and events that are required of my position. In the event that I cannot be present, I will make proper arrangement. I will follow the reporting structure of Toronto Leaside Girls Hockey Association. I will treat all of my fellow volunteers, referees, organizers, and above all, the players with respect. I am committed to developing both the hockey skill and self-confidence of all the players in the League. I agree to always protect the rights, privacy and interests of the players with Leaside Girls Hockey League.

\_\_\_\_\_  
Signature Date

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Please mail or fax your completed form to: Toronto Leaside Girls Hockey Association  
310 Forman Avenue  
Toronto, ON M4S 2S7  
fax: 416-488-1478