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 game staff. I understand that no previous experience is required and that I will be required to obtain certification. TLGHA will reimburse volunteers for the cost of the clinic(s).

( ) Coach ( ) Assistant Coach ( ) Trainer

I am interested in volunteering behind the scenes. I understand that many volunteers are need in order for our programs to run smoothly. [Please check all that apply.]

( ) Convenor ( ) Co-convenor ( ) Statistician
( ) Banquet ( ) Other _____

Skills and Qualifications to Offer (check all that apply)

( ) Trainers Certification: Certificate number: _____ Exp. Date: _____

( ) Coaching Certification: Certificate number: _____ Exp. Date: _____

( ) Medical or First Aid ( ) Certified Official ( ) Others_____

Coaching / Training Background: _____

VOLUNTEER AGREEMENT

I _____ have agreed to volunteer with Toronto Leaside Girls Hockey Association as a
(print name)
_____ for the 2011-2012 season.
(volunteer position)

I will follow the Fair Play Codes and Codes of Conduct 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 Toronto Leaside Girls Hockey Association.

_____ _____
Signature Date

Please mail or fax your completed form to:

Toronto Leaside Girls Hockey Association
310 Forman Avenue, Toronto, ON M4S 2S7
fax: 416-488-1478