

HURON-BRUCE MINOR HOCKEY - Volunteer Application



Requirements:

- All volunteers and bench staff including Managers and Parent Reps are required to submit an **approved OPP Vulnerable Sector Check prior to August 1, 2020.**
- Please see OMHA Coaching Requirements for necessary qualifications for Bench Staff

Applicant Name: _____

Primary phone: _____ Email: _____

What position are you interested in?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Team Volunteer |
| <input type="checkbox"/> Trainer | <input type="checkbox"/> Parent Rep | <input type="checkbox"/> Team Manager |

Team(s): _____

Do you have other bench staff members that you prefer to work with? YES NO

If yes, please list their names & roles: _____

Are you qualified for your preferred role? YES NO I'm not sure, I need more info

Please note that all bench staff must possess all required certifications (incl. Gender Identity & Expression Course) PRIOR to September 1, 2020. If you would like more information on upcoming certification courses, please contact Darren Maki, Director of Development.

I AM AWARE THAT THE FIRST AIM OF MINOR SPORTS IS THE PERSONAL AND CHARACTER DEVELOPMENT OF EACH PARTICIPANT. WINNING IS A SECONDARY ACHIEVEMENT AND THAT EACH PARTICIPANT IN MY CHARGE WILL BE GIVEN EQUAL OPPORTUNITY AND CONSIDERATION IN ALL SITUATIONS AND CONTEXTS. THAT THE ACTIONS OF ALL COACHES DURING ANY GAME SHALL BE THAT OF GENTLEMANLY CONDUCT AND SHALL EXEMPLIFY GOOD EXAMPLE. I AM AWARE OF AND AGREE THAT ANY BEHAVIOUR ON MY PART THAT WOULD BE CONTRARY TO THE ABOVE AIMS COULD CAUSE FORFEIT OF MY COACHING PRIVILEGES. I AGREE THAT IF SELECTED I WILL ADHERE TO THE HURON-BRUCE MINOR HOCKEY ASSOCIATION'S COACHING PHILOSOPHY AND PRACTICE PLANS.

I CERTIFY THAT THE ENCLOSED INFORMATION IS CORRECT, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CONSENT TO THE DISCLOSURE OF SUCH INFORMATION AS IS REQUIRED BY THE HURON-BRUCE MINOR HOCKEY ASSOCIATION INCLUDING ANY AND ALL INFORMATION THAT MAY BE OBTAINED THROUGH A SEARCH OF POLICE AND COURT RECORDS. I HEREBY AUTHORIZE HURON-BRUCE MINOR HOCKEY TO CONDUCT A REVIEW OF MY BACKGROUND INCLUDING CONTACT WITH MY REFERENCES AND ANY PAST HOCKEY ASSOCIATIONS WITH WHICH I HAVE BEEN ASSOCIATED, AS WELL AS ANY RELEVANT POLICE AND JUDICIAL AUTHORITIES.

I HEREBY ACKNOWLEDGE THE AUTHORITY OF THE OMHA, WOAA, AND HURON-BRUCE MINOR HOCKEY AND AGREE TO CARRY OUT AND ABIDE MY THEIR CONSTITUTIONS, BY-LAWS, RULES AND REGULATIONS. I UNDERTAKE TO CONDUCT MYSELF IN A MANNER WHICH BENEFITS THE POSITION OF TRUST AND LEADERSHIP FOR WHICH I MAY BE APPOINTED. I ACKNOWLEDGE THAT I MAY FACE DISCIPLINARY ACTION UNDER THE RULES OF AMATEUR HOCKEY IF I FAIL TO MAINTAIN THE LEVEL OF SPORTSMANSHIP REQUIRED BY THESE ORGANIZATIONS. I FURTHER AGREE TO RETURN ALL EQUIPMENT AT THE END OF THE CURRENT PLAYING SEASON PROVIDED TO ME IN TRUST BY HURON-BRUCE MINOR HOCKEY IN GOOD CONDITION, SAVE FOR REGULAR WEAR AND TEAR.

Full Name (please print clearly)

Signature

Date