



# LITTLE NATIVE HOCKEY LEAGUE VOLUNTEER APPLICATION FORM 2019



PERSONAL INFORMATION				
Last name:		First:		
Street address:				<b>CELL PHONE #</b>
City:	Prov:	Postal code:	Email:	
Emergency contact/ Relationship				Emergency contact no.: (      )
Age Category:				
15-18 _____    18-49 _____    50-65 _____    65 and over _____				

<p><b>Student</b> If you are a secondary school student, are you planning to report your volunteer hours for community service hours as required for graduation? Yes _____ No _____</p>
<p><b>Volunteer List</b></p> <ul style="list-style-type: none"> <li>○ I am unable to make a full commitment, but I wish to register and be added to the Volunteer List. Depending on my personal schedule during the tournament, I will report to the Arena Captain to volunteer when I am available; with no expectations for financial reimbursement.</li> </ul>
<p><b>Skills</b> Please list any skills or talents that would be an asset to the tournament.</p>    
<p><b>Experience</b> Have you volunteered for a major event in the past? Yes _____ No _____ If so, in what areas did you volunteer and what were your responsibilities</p>  
<p><b>Rooming</b> Are you willing to share accommodations with another volunteer? Yes _____ No _____ If so, please list: _____</p>



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## AREA OF INTEREST

### PLEASE CHECK OFF AREAS OF INTEREST

Opening Ceremonies		Hosting (meeting and greeting)		Security	
Admission/ Program sales		Arena captain		Runner	
Parking Lot Monitors		Finance		Committee Hostess	

## TIME AVAILABILITY

Day and Date	7 am – 2 pm	2 pm - 9 pm
Sunday, March 10		
Monday, March 11		
Tuesday, March 12		
Wednesday, March 13		
Thursday, March 14		

Volunteer Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

If applicant under 18  
Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application form to:

Jamie Maness, Little NHL Volunteers, *978 Tashmoo Ave., Sarnia, ON N7T 7H5*

*or*

Email

jmaness@aamjiwnaang.ca

**Thank you for contributing to make this year's Little NHL a success.**