

Volunteer Application Form

Please return this form electronically, to <u>TelusVolunteers@sudburyminorhockey.ca</u>

If delivering by hand, please return to SMHA Office 1127 Bancroft Dr. 2nd floor, Sudbury, ON P3B 1R6

Last Name:	First Name:
Are you bilingual (French/English)?	Yes □ No □
Age: under 18 ☐ 18 or over ☐	State Age (optional)
Address: (number, street name, City, Postal Code)	
Home Phone: Cell Phone:	Work Phone:
E-mail Address:	
Preferred contact method:	
Do you have a valid driver's licence?	Yes □ No □
Do you have a current valid Police Check?	Yes □ No □ Year received
Have you ever been convicted of a Criminal offence?	Yes □ No □
Area(s) of Interest : (rank your preferences of which choice, 2nd choice etc.)	type of volunteering you would like to perform, 1st
Direct Service/Dealing with Teams Clerical, Special Events Fi Ushers Ticket takers Presentat Game Day (music, announcing, runners, stats) Other (Please Specify):	rst Aid Services 50/50 Sales ions/Public Speaking Food Prep Driver
Did you previously volunteer with the 2017 Central R What was your volunteer role?	

Do you have any special training? Yes \square No \square Please elaborate.	
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I am aware of and support my child/legal dependant's decision to volunteer with the 2018 TELUS Cup .	
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 As part of this volunteer process, I am aware that a criminal record check is required by Hockey Canada 	
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 check and/or a <i>current</i> driver's abstract, if so determined. I understand that I will be advised in advance if a <i>current</i> criminal record check and/or driver's abstract or and/or other program specific checks will be required. 	