



Volunteer Application Form

Full Name: _____

Phone #: _____ Email: _____

What position are you interested in volunteering for:

- Coach
- Assistant Coach
- Manager

Other: _____

For which team: Male Female Level: _____

Do you have previous experience: Yes No

Do you have the necessary qualifications/courses? Yes No Unsure

If no, are you prepared to take the necessary courses (if required)? Yes No

The Executive Committee will meet to review and consider all the individuals interested in volunteering with the Irma Minor Hockey Association. At such time a decision has been made, you will be contacted with more information.

Signature: _____