**Wainfleet Minor Hockey Association**

1943 Park St Hwy 3, PO Box 85 L0S1V0

**Police Criminal Record and Vulnerable Sector Check**

**Volunteer Agency Letter**

Date:

Volunteer Name:

Birthday:

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| --- | --- | --- | --- |
| **Coach** | **Trainer** | **Team Manager** | **Parent Rep** |
| This role involves coaching children in the game of hockey. Teaching fundamental hockey skills during practices and coaching games, three to five hours per week from September to March. | This role involves ensuring that the safety of children is the first priority while participating in hockey related activities, three to five hours per week from September to March. | This role involves organizing and managing the off-ice operational tasks for a minor hockey team, from September to March. | This role involves organizing and managing team funds. Being a liaison between the coaching staff and parent group, participating in parent and player meetings, from September to March. |
| **Board/Staff Member** – Performs operational tasks involved within the minor hockey association. | | | |

**Position Applied For:**

The person fulfilling this role receives no compensation for their work other than an allowance for expenses or an honorarium, and excludes a person receiving some other form of credit such as academic credit or fulfilling a sentence requirement. Any questions or concerns can be directed to: Christina Bates by email: [christina.jason@hotmail.com](mailto:christina.jason@hotmail.com)

Christina Bates

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Director of Risk Management