**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:

|  |  |  |  |
| --- | --- | --- | --- |
|  **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

Christina Bates

Christina Bates

 Director of Risk Management