



Twin Centre Minor Hockey Association  
Volunteer Application Form

Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Indicate Position

Head Coach \_\_\_\_ Assistant Coach \_\_\_\_ Manager \_\_\_\_ Trainer \_\_\_\_  
Other: \_\_\_\_\_

Division and Classification Applying for (indicate 1st and 2nd choices)

| Division | REP | AE | LL |
|----------|-----|----|----|
| U7       |     |    |    |
| U9       |     |    |    |
| U11      |     |    |    |
| U13      |     |    |    |
| U15      |     |    |    |
| U18      |     |    |    |
| U21      |     |    |    |

I agree that I will: upgrade as requested by (Twin Centre Minor Hockey Association); attend meetings; abide by the TCMHA Constitution; comply with rules and regulations of TCMHA and those of its controlling bodies. I will also agree to undergo a Criminal Record Check, and provide a copy to T.C.M.H.A. for its records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM BEFORE **JUNE 1ST** TO:

Troy Cluthe: [troy.cluthe@gto.net](mailto:troy.cluthe@gto.net) or Brett Bartlett: [brettbartlett6@outlook.com](mailto:brettbartlett6@outlook.com)

You will be contacted for further interviews if necessary. Thank you for your interest and cooperation.