



LITTLE NATIVE HOCKEY LEAGUE VOLUNTEER APPLICATION FORM 2024



| PERSONAL INFORMATION | | | | |
|---|-------|--------------|--------|------------------------------------|
| Last name: | | First: | | |
| Street address: | | | | CELL PHONE # |
| City: | Prov: | Postal code: | Email: | |
| Emergency contact/ Relationship | | | | Emergency contact no.: () |
| Age Category: | | | | |
| 15-18 _____ 18-49 _____ 50-65 _____ 65 and over _____ | | | | |

| |
|--|
| Student If you are a secondary school student, are you planning to report your volunteer hours for community service hours as required for graduation? Yes _____ No _____ |
| Volunteer List <input type="radio"/> I am unable to make a full commitment, but I wish to register and be added to the Volunteer List. Depending on my personal schedule during the tournament, I will report to the Arena Captain to volunteer when I am available, with no expectations for financial reimbursement. |
| Skills Please list any skills or talents that would be an asset to the tournament. |
| Experience Have you volunteered for a major event in the past? Yes _____ No _____ If so, in what areas did you volunteer and what were your responsibilities. |



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AREA OF INTEREST

| | | |
|--|---|--|
| PLEASE CHECK OFF AREAS OF INTEREST: | Gala -Saturday 4:00pm to 10:00 pm | Registration- Sunday 10:30am-3:00pm & 5:30pm-8:00pm |
| Opening Celebration -Sunday | Hosting (meeting and greeting guests, teams) | Security |
| Admission/Program sales | Arena captain & Rink preference? | Runner |

TIME AVAILABILITY

| Day and Date | Time | |
|---|------------------------------|----------------|
| Saturday, March 9 -Gala Event | 4:00pm-10pm | |
| Sunday, March 10 - Opening Celebrations | 12:00pm- 8:00pm | |
| Sunday March 10 -Team Registration | 10:30am -3pm & 5:30pm-8:00pm | |
| Tournament Arena Schedule | 7 am – 3 pm | 2:30pm – 10 pm |
| Monday, March 11 | | |
| Tuesday, March 12 | | |
| Wednesday, March 13 Tyke division finishes today | | |
| Thursday, March 14 | | |
| Friday March 15 Championship Day | | |

BY SENDING IN YOUR APPLICATION, YOU ARE CONFIRMING YOUR COMMITMENT TO THE DATES ABOVE AND THAT YOU HAVE TRANSPORTATION TO GET TO THE DESIGNATED POSTS. PLEASE ADVISE IF YOU HAVE ANY PHYSICAL/HEALTH CONSTRAINTS THAT MAY PREVENT YOU FROM BEING ABLE TO FULFILL ANY DUTIES.

Volunteer Applicant Signature _____ Date: _____

If applicant under 18
Parent/Legal Guardian _____ Date: _____

Please return completed application form to:

Jodi Fox, Little NHL Volunteer Coordinator
lnhlvolunteercoord@gmail.com

Thank you for contributing to make this year's Little NHL a success.