



# Huron County Hockey Association



## Volunteer Form

HCHA would hope that all who enjoy the sport would volunteer. Concession and ticket personnel are always needed and you may be asked to help. Complete this form if you might have some special interests or abilities that would be helpful to the league or Expo Center Facility.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail: \_\_\_\_\_

I am interested in sponsoring a team or sign board or arranging for a sponsorship from my employer. Yes ( ) No ( )

I am interested in volunteering as or with (please check all that apply)

- |   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Coach                      | <input type="checkbox"/> Board Member                    | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Trainer   |
| <input type="checkbox"/> Fundraising Committee      | <input type="checkbox"/> Communications (phone & E-mail) |  |                                    |
| <input type="checkbox"/> Newsletter                 | <input type="checkbox"/> Stats Keeper                    | <input type="checkbox"/> Web Master      | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Rink Exploratory Committee | <input type="checkbox"/> Scoreboard                      | <input type="checkbox"/> Other _____     |                                    |

Skills and Qualifications to Offer (Check all that apply)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Computer               | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Desk top Publishing  | <input type="checkbox"/> Photography            |
| <input type="checkbox"/> Event Planning         | <input type="checkbox"/> Media relations    | <input type="checkbox"/> Medical or First Aid | <input type="checkbox"/> Trainers Certification |
| <input type="checkbox"/> Coaching Certification | <input type="checkbox"/> Certified Official | <input type="checkbox"/> Others _____         |   |

Volunteer Agreement I \_\_\_\_\_ have agreed to volunteer with Huron County Hockey Association for the 2010-2011 season. I will follow the policies and guidelines set out by Huron County Hockey Association (HCHA), Huron County, the Michigan Amateur Hockey Association (MAHA) and USA Hockey. I will attend all games and events that are required of my position. In the event that I cannot be present, I will make proper arrangement. I will treat all of my fellow volunteers, referees, organizers, and above all, the players with respect. I am committed to developing both the hockey skill and self-confidence of all the players in the League. I agree to always protect the rights, privacy and interests of the players with Huron County Hockey Association. I will complete the MAHA Background Screening Application Form if I have any direct contact with youth in this capacity.

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