



Kawartha Komets Special Needs Hockey Program

kawarthakomets@gmail.com kawarthakomets.com

VOLUNTEER APPLICATION

NAME: _____ ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (HOME) _____ (CELL) _____ D.O.B: _____

E-MAIL ADDRESS: _____ EMPLOYER: _____

HAVE YOU BEEN INVOLVED WITH THE KAWARTHA KOMETS BEFORE? _____

PLEASE DESCRIBE YOUR INVOLVEMENT: _____

IS THERE ANY REASON, KNOW OR PENDING THAT MIGHT PROHIBIT YOUR ABILITY TO VOLUNTEER WITH US? _____

HOW WOULD YOU LIKE TO HELP THE KOMETS? I WOULD BE LIKE TO BE A: COACH: _____ TRAINER: _____

ON-ICE VOLUNTEER: _____ OFF-ICE VOLUNTEER: _____ BENCH SUPPORT STAFF: _____ COMMITTEE MEMBER: _____

BOARD MEMBER: _____ BOARD EXPERIENCE: _____

COACHING EXPERIENCE: (Teams coached): _____

HIGHEST LEVEL COACHED: _____ ARE YOU CERTIFIED? _____

CERTIFICATION #: _____ ARE YOU INTERESTED IN BECOMING CERTIFIED?: _____

TRAINER EXPERIENCE: _____

ARE YOU CERTIFIED AS A TRAINER? _____ WHAT LEVEL? _____

HAVE YOU WORKED WITH SPECIAL NEEDS INDIVIDUALS BEFORE? _____

DO YOU HAVE A CHILD THAT WILL BE PLAYING FOR THE KOMETS? _____

I KNOW THAT MY INVOLVEMENT WITH THE KAWARTHA KOMETS, as a registered charity, working with and for vulnerable persons will require me to (please check each box to acknowledge):

GET A POLICE CHECK WITH VULNERABLE SECTOR COMPONENT: _____

TAKE/PROVIDE PROOF OF NECESSARY CERTIFICATIONS (eg. COACHING, TRAINING, FIRST AID, Respect in Sport, and Gender Identity and Expression etc.) REQUIRED FOR MY POSITION: _____

REVIEW AND UNDERSTAND NECESSARY DOCUMENTS PERTAINING TO MY POSITION (eg. CODE OF CONDUCT, ROLES & RESPONSIBILITIES): _____

FOR DIRECTORS: REVIEW AND UNDERSTAND RELEVANT GOVERNANCE POLICIES, PROCEDURES, BY-LAWS, etc: _____

HAVE YOU ANY EXPERIENCE IN THE FOLLOWING AREAS: (please check) FUNDRAISING: _____ BOOKKEEPING: _____

LAW/LEGAL: _____ SPECIAL NEEDS: _____ ADMINISTRATION: _____ EVENT OR TOURNAMENT PLANNING: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Hockey Canada Member Profile Required Information (we enter on the HCR Website)

1. Gender Identity: ___ Male ___ Female ___ Prefer not to say ___ Prefer to Self-Describe: _____

2. Primary Language: ___ English ___ French ___ Other: _____

3. Citizenship: _____ Birth Country: _____

4. Identify as Indigenous: ___ yes ___ no ___ prefer not to say

5. If YES, please indicate the group: ___ Metis ___ Inuit ___ North American Indian/First Nations
___ Other ___ Prefer not to say

6. Ethnicity: ___ Black ___ Caucasian ___ Chinese ___ Filipino

___ Indigenous ___ Japanese ___ Korean ___ Latin American

___ Southeast Asian ___ South Asian/East Asian ___ West Asian/African/Arab ___ Other

PLEASE RETURN THIS APPLICATION WITH A CURRENT BIO TO: kawarthakomets@gmail.com THANK YOU!

August 2024