

2023 NATIONAL ABORIGINAL HOCKEY CHAMPIONSHIPS



Volunteer Registration Form



Please email your completed form to:
Volunteer@NAHC2023.ca

Volunteer Information:

Name: _____ Age: _____

Cell : _____ Email: _____

Address: _____

Emergency Contact: _____ Cell: _____

If you want to volunteer with a friend please list their name(s) below and we will try to support you.

Volunteer Positions: (check all that apply)

Which areas are you interested in supporting? Select all jobs that interest you.
If we've missed a volunteer position you'd like to do, let us know.

- | | | |
|-----------------------|-----------------------|----------------------|
| VIP Support _____ | Game Sheets _____ | Raffles _____ |
| Room Operations _____ | Pucks _____ | Greeter _____ |
| Runner _____ | Music for games _____ | Transportation _____ |
| Info Booth _____ | Referee support _____ | Medical _____ |
| Security _____ | Timekeeper _____ | Ceremonies _____ |
| Accreditation _____ | Scorekeepers _____ | Awards _____ |
| Signage set up _____ | Statistician _____ | Other _____ |
| | | _____ |

General Availability: (check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	May 7	May 8	May 9	May 10	May 11	May 12	May 13
8 am - Noon							
Noon - 4 pm							
4 pm - 8 pm							
8 pm - closing							

NAHC Volunteer Registration Form

Volunteers are asked to wear a NAHC Volunteer shirt while volunteering.

What size would you prefer? (S,M,LG,XL,2XL,3XL) _____

Do you have a current First Aid Certification? YES ____ NO ____

If YES, provide details _____

Do you have a valid Drivers License? YES ____ NO ____

Do you have any allergies or other medical conditions we should be aware of? Please explain.

Do you have any accessibility needs and/or restrictions? YES ____ NO ____

If YES, please provide details: _____

Please read and mark (X) as understood

_____ **Vulnerable Sector Check**

By checking this box, I agree to a vulnerable sector check, if I am selected to volunteer. NAHC is an event for youth, interaction with youth under 18 years of age may occur. Submission of this volunteer application indicates you are willing to provide the information needed by the police service to undergo a vulnerable sector check. Approved volunteers will have costs re-imbursed for vulnerable sector checks.

_____ **Waiver/disclaimer**

By checking this box, I agree, the Host committee, staff, coordinators, coaches, volunteers, sponsors or partners for the NAHC or other proprietors are not liable and will not be held responsible for any accident, personal injury, or loss of any kind. By signing this waiver, you are stating that you are in good health to volunteer.

_____ **Photo/Media Release**

By checking this box I agree to allow NAHC and media to take pictures or videos of myself and to reproduce the likeness for promotional purposes only.

Signature _____

Date _____