



Hockey Girls of Kabul

Youth Hockey League
Phone: 647-309-6830

VOLUNTEER APPLICATION

Please fill out this form if you are interested in volunteering with the Hockey Girls of Kabul. Your involvement could make a significant difference in the lives of these young athletes as they navigate the world of sports and empowerment.

Personal Details

Full Name		Date of Birth:	
	<small>Last First Middle Initial</small>		<small>MM/DD/YYYY</small>
Address:		Phone:	
	<small>Street Address Apt/Unit #</small>		
		Email:	
	<small>City Province Postal Code</small>		

Emergency Contact Information

Emergency Contact:		Phone Number:	
What is their relationship to you?			

Secondary Emergency Contact

Emergency Contact		Phone Number:	
What is their relationship to you?			

Availability

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>Daytime</small>	<small>Evening</small>	<small>Daytime</small>	<small>Evening</small>	<small>Daytime</small>	<small>Evening</small>	<small>Daytime</small>	<small>Evening</small>	<small>Daytime</small>	<small>Evening</small>	<small>Daytime</small>	<small>Evening</small>	<small>Daytime</small>	<small>Evening</small>
Sundays	Mondays		Tuesdays		Wednesdays		Thursdays		Fridays		Saturdays		
Other:													

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date:	
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