

THAMESFORD AND AREA MINOR HOCKEY ASSOCIATION

tamha@tamha.net

P.O. Box 509, Thamesford, Ontario, N0M 2M0

Volunteer Application Waiver

Volunteers in the Thamesford & Area Minor Hockey Association (TAMHA) work diligently to provide recreational hockey programs for youth ranging from six to twenty years of age. As a prerequisite to becoming a volunteer in our organization where volunteers are placed in a position of trust, we require that ALL volunteers submit a current and complete police check.

We ask that you provide the following information for our records if you have submitted a police check in the previous three years to Thamesford & Area Minor Hockey Association (TAMHA).

Date:		
of Police Check on File with Thames	sford & Area Mi	inor Hockey Association (TAMHA):
Name:		
Address:		
Telephone:		
Type of Volunteer Activity/Position wi	ith Thamesford	& Area Minor Hockey Association (TAMHA):
I hereby deem that the information of Offences Check and Vulnerable 3 Association (TAMHA) as having no of	Screening held	eport of my Criminal Record Check, Sexual d by Thamesford & Area Minor Hockey past year.
Signature of Volunteer	194	Date
Signature of Vulnerable Screening Themseford & Area Minor Hockey	Assoc (TAMU)	Date