

# DESERT HOCKEY DEVELOPMENT

Dedicated to building kids through youth hockey in the Southwest



29043 N. 59th St. Cave Creek, AZ 85331

623-738-6523

deserthockey.org

## VOLUNTEER APPLICATION

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Last	First	M.I.	Over 18?	Date of Birth
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Address	City	St	ZIP	Shirt Size
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Home Phone	Cell Phone	Email
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Do you have a child participating in DHD clinics?      YES      NO

Childs name      Your relationship to them

What are you most interested in doing (please check all)      Coaching      Support Staff      Fundraising

Do you have coaching/volunteer experience with youth?      YES      NO

If Yes, please provide details:

Work experience:

Why are you interested in volunteering with DHD?

Have you even been convicted of domestic abuse, abuse, molestation or sexual misconduct?      YES      NO

Emergency Contact Information:

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Name	Phone	Email
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Address

I hereby apply to work as a volunteer. I understand that I will not be compensated for the time that I volunteer. I understand that I will be expected to follow a mutually acceptable volunteer schedule and will promptly notify the volunteer coordinator if I am unable to volunteer as scheduled.

I hereby certify that all answers on the application are true; I understand and agree that any misstatement or omission of material facts contained in this application may disqualify me for a volunteer opportunity. I hereby authorize DHD to verify the accuracy of the statements on this application.

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Applicants Signature	Application Date
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Due to the sensitive nature of working with youth, DHD takes great measures to assure we are providing safe staff and volunteers for our participants. We appreciate your patience and time in this matter as we only want the best for the youth in our program.