

Spruce Kings Volunteer Application

Name: _____
Surname Given Name Initial

Civic Address: _____

Mailing Address: (if different than above): _____ - _____

Daytime Phone#: _____ Evening Phone#: _____

Email Address: _____

Are you over nineteen (19) years of age? Yes No

Emergency Contact Name: _____

Emergency Contact Phone#: _____

Have you volunteered in any capacity with the Spruce Kings Hockey Club? _____

If so, in what capacity? _____

Interests.

Please tell us which areas you are interested in volunteering (check of any/all you are interested in)

Front of House:

Tickets booth Ticket scanning

Will Call Table Puck Toss Table

Spectator area:

Ushers Door Monitoring

Job Descriptions are in the Volunteer Handbook

A criminal record check is required for all our volunteers over the age of 18.