



VOLUNTEER APPLICATION

ALL COACHES MUST BE USA HOCKEY CERTIFIED TO COACH WITH IHIH

(Coaching Clinics are held at Lasker Rink prior to season's start in November)

Name _____ Date of Birth _____

Address _____

Home Phone # _____ Cell Phone # _____

Company Name _____

Work Phone # _____ Email _____

Emergency Contact _____ Emergency Contact Phone _____

Have You Volunteered with IHIH before? _____ What Years? _____

Are You USA Hockey Certified? _____ What Level? _____

What Type of Volunteer position are you interested in? _____

What Days Are You Available? _____ What Times? _____ What Age Group? _____

Are You Certified For CPR or First Aid? _____

How Did You Hear About IHIH _____

***ALL INFORMATION IN THIS APPLICATION MUST BE PROVIDED
IN ORDER TO BE CONSIDERED AS A VOLUNTEER FOR IHIH!**

Please send to:

Attn: Jessica Murray, Ice Hockey In Harlem, PO Box 978 , Hell Gate Station, New York, NY 10029

Please Return This Form Via Fax to (212) 722-0018 or email to jmurray@icehockeyinharlem.org.

