

Georgina Minor Hockey Association

I, _____, authorize Georgina Minor Hockey to collect personal information appropriate to the position applied for by verifying the character references I have supplied.

I also understand that in order for my application to be considered, I must provide a current Vulnerable Sector Screening completed by the York Regional Police.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Applicant Signature

Date

Witness

Date