

SCSHA Michigan Flyers Special Hockey Volunteer Application

Name: _____ Phone: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____

Email address: _____

Emergency Contact: _____

Phone: _____

What are your reasons for wanting to participate as a SCSHA Michigan Flyers volunteer?

Do you consent to a routine background check?	Yes	No
Do you agree to complete Sexual Abuse Awareness Training?	Yes	No
Are you receiving academic credit for your volunteer work?	Yes	No
Are you able to volunteer on a consistent basis?	Yes	No
What volunteer opportunity are you interested in?	On Ice	Off Ice

Signature of Applicant

Date

Please email completed form to: scshamiflyers@gmail.com or mail to:
Faye Gorback
26070 Meadow Dr.
Franklin, MI 48025



