



ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9

T: 226 533.9070 F: 519 620.7476

www.ohf.on.ca

Proud Branch Of



Team Official / Volunteering

Date _____

Please consider this letter as our confirmation to engage the following person as a Volunteer within the Ontario Hockey Federation.

The OHF operates within a structure that is comprised of seven member partners: Alliance Hockey, Greater Toronto Hockey League, Northern Ontario Hockey Association, Ontario Minor Hockey Association, and the Ontario Women's Hockey Association.

Full name _____

Date of Birth _____

Member _____

Association/Club _____

Age Group and Level (ex. U14 AA) _____

Team Official/Volunteer Position _____

The position is one of trust and authority towards vulnerable persons aged 4 through 17. Based on the position above, the individual will be in direct contact as with vulnerable persons during games and practices, and in the supervision of the dressing room.

We appreciate you proceeding with the Vulnerable Sector Screening Check accordingly.

Sincerely,



Zack Millington

Manager, Risk, Registration and Insurance

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OHF Members

