



WOODSTOCK MINOR HOCKEY ASSOCIATION INC.
WWW.WOODSTOCKMINORHOCKEY.COM

Date: _____

Woodstock Police Service
615 Dundas St.
Woodstock, On
N4S 1E1

_____ Date of Birth _____

Has applied to the Woodstock Minor Hockey Association to become a TEAM OFFICIAL/VOLUNTEER.

It is the policy of the Woodstock Minor Hockey Association to have a Criminal record Check, a Vulnerable Sector Screening and a Driving Record Check completed.

Thank you for your assistance;

Yours truly,

Woodstock Minor Hockey Association Inc.

Volunteer applicant is to deliver this form to the W.P.S. and must take personal delivery of the results by providing I.D. (one of which must be photo I.D.) This is to be returned to Woodstock Minor Hockey Association Inc.

381 Finkle St.
Woodstock, On.
N4V 1A3

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Fax: (519) 539-6772
Email: Office @woodstockminorhockey.com

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