

N.B.H.L. Northbrook Hockey League Volunteer Application

Last Name _____ First Name _____ MI _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Cell Phone _____

E Mail _____

I have been screened by the State and fingerprinted per USA hockey regulations. YES / NO

I have a U.S.A. Hockey Coaching Card YES / NO Level _____

I have read and understand that I may be disqualified and prohibited from serving as a volunteer of N.B.H.L. if I do not adhere to all guidelines set forth in the N.B.H.L. Code of Conduct, and further I agree to be screened by the Illinois State Police by completing their fingerprinting process as set forth by A.H.A.I. and U.S.A. Hockey. Upon completion of this screening process, I agree to make all results available to the N.B.H.L. I understand that the N.B.H.L. Board of Directors at their discretion may suspend or dismiss any volunteer from further activities, which involve on or off ice duties or responsibilities.

Signature _____

Date _____