



**2015-2016 Everett Youth Hockey (EYH)
Team Manager/Volunteer Application**

Return to:
EYH General Manager
c/o Everett Silvertips Hockey Club
2000 Hewitt Ave., Suite 100
Everett, WA 98201



First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Contact Phone: _____

Preferred E-Mail address: _____

Date of Birth: Month: _____ Date: _____ Year: _____

Occupation: _____

Do you have a child who will be participating with EYH this season? _____

Youth Team Manager/Volunteer Experience:

List your most recent Team Manager/Volunteer experience:

Describe why you wish to serve in this role and what skills would you bring to this position that will facilitate a positive year for the skaters, coaching staff, and organization? (use back side of this form if necessary):

Indicate your preferred choice next to the age division in the below chart.

<u>USA Hockey Division</u>	<u>"X" Your</u>
6u Mighty-Mite	
8u Mite	
10u Squirt	
12u Pee Wee	
14u Bantam	
18u Midget	

All EYH team manager/volunteer candidates are subject to USA Hockey screening

All EYH team manager/volunteer applicants must read and understand the below statements, then sign and date this application.

- I understand that this form represents my desire to volunteer youth hockey team manager/volunteer and is not a binding contract.
- I understand that I am not guaranteed my preferred or any team manager/volunteer position.
- I understand that I may withdraw my EYH team manager/volunteer application at any time prior to the official EYH assignment of team manager/volunteer positions for the current season.

Signature: _____

Date: _____