



East Coast Jumbos P.O. Box 122 Hopkinton, MA 01748

VOLUNTEER QUESTIONNAIRE

Thank you for your interest in volunteering for The East Coast Jumbos!

Please complete the following form to the best of your ability. Volunteering for The Jumbos will be a gratifying and challenging pursuit. This information will ensure the experience matches everyone's expectations.

First Name

Last Name

Date of birth

Email address

Address

Mobile phone number

Parent Name

Parent phone number

Emergency contact (if different than above)

In 2-3 sentences, why do you want to volunteer with a special hockey team?

Which answer most closely matches your volunteer interest(s) - check all that apply

_____ Skating with a Jumbos player to support their on-ice learning

_____ Supporting the team with off-ice activities

_____ Supporting The Jumbos on and off the ice

Reference Number One - **No Parent or Relative references please**

Name, phone number and relationship (teacher, coach, supervisor, etc.)

Reference Number Two - **No Parent or Relative references please**

Name, phone number and relationship (teacher, coach, supervisor, etc.)

USA Hockey number (if available/applicable)

Once form is completed it will be reviewed by our Board of Directors and you will be notified of results and further steps for registration with our organization.
Thank you for your interest in supporting the East Coast Jumbos.