



Operation Advisory Committee Application - 2016-17

Your Information	
Your Name:	
Hockey Alberta Zone of Residence:	
Contact Information:	Home phone: Cell: Email:

Qualifications
<p>Please confirm by checking off:</p> <ul style="list-style-type: none"><input type="checkbox"/> I acknowledge I will be subject to screening under organization's Criminal Records Check, and Conflict of Interest policies.<input type="checkbox"/> I have regular access to a computer and high-speed internet.<input type="checkbox"/> I understand the roles, qualifications, and requirements of the position.<input type="checkbox"/> I am familiar with and support the purpose, vision/mission, core values, and Bylaws/Regulations of Hockey Alberta.
<p>Hockey Experience:</p> <p>Role: _____ Year(s) _____ Brief Summary/Accomplishments</p> <p>Role: _____ Year(s) _____ Brief Summary/Accomplishments</p> <p>Role: _____ Year(s) _____ Brief Summary/Accomplishments</p> <p>Role: _____ Year(s) _____ Brief Summary/Accomplishments</p>



Operation Advisory Committee
Application - 2016-17

Relevant volunteer or work experience applicable to the position:

Role: _____ Year(s) _____

Brief Summary/Accomplishments

Role: _____ Year(s) _____

Brief Summary/Accomplishments

Role: _____ Year(s) _____

Brief Summary/Accomplishments

Role: _____ Year(s) _____

Brief Summary/Accomplishments

Other comments:

Deadline for applications is Sunday, April 17. Applications must be submitted via email to:
hmartin@hockeyalberta.ca