

# Blackhawk Hockey Association

# Application for Reduced Volunteer Hours

## Applicant Information

Parent Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Player(s) Name & levels: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of all Adult Household Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status:      Single      Divorced      Legally Separated      Married  
                                                           

If married, is your spouse the biological or adoptive parent of any of the players listed above?      YES      NO      Spouse Name: \_\_\_\_\_  
                   

If not married to your players' biological or adoptive parent, where does that parent live? \_\_\_\_\_

Current expected work hours: \_\_\_\_\_ Number of hours you are able to complete \_\_\_\_\_

In your own words, describe the familial or living arrangements that support your request for reduced required volunteer hours:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this application may result in my and my players' release from the hockey program. I also understand that each determination of reduced work hours will be made via vote by the board of directors of Blackhawk Hockey Association. Finally, I understand that approval of this request does not alleviate my other required contributions to the association and my team(s), including but not limited to association fees and team expenses, fundraising efforts and full participation in required work shifts for home tournaments that are not counted towards recorded work hours.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

