



Mason City Youth Hockey Team Manager Application
2020– 2021 Season

Return this application to the club President at masoncityyouthhockeyassoc@gmail.com no later than June 22th, 2020 if interested in the team manager position for next season.

PERSONAL DATA

Name:			
Current Address:		Daytime Phone:	
Evening Phone:		Mobile Phone:	
Email Address:			

PRIOR VOLUNTEER EXPERIENCE (list the most recent first)

Years	Club / Organization	Reference Phone #	Position Held

TEAM APPLYING FOR: _____

Why would you like to be a team manager?

Can you tell us about an aspect of a volunteer experience that you've really enjoyed, and a part that you wish had been different?

Why do you think this volunteer position is a good match for you?

REFERENCES (List three people not related to you.)

Name	Relationship/How Long Have You Known Them	Phone

Completion of this application form does not guarantee your acceptance for a position with MCYH. Offer of the team manager position is subject to the results of a background check.