



Team Official / Volunteering Season 2025-2026

Date _____

Please consider this letter as our confirmation to engage the following person as a Volunteer with the Grand River Mustangs Girls Hockey.

Full Name _____

Date of Birth _____

Member _____

Association / Club _____

Age Group and Level (ex. U13 LL) _____

Team Official / Volunteer Position _____

The position is one of trust and authority towards vulnerable persons aged 4 through 17. Based on the position above, the individual could be in direct contact as with vulnerable persons during games and practices.

We appreciate you proceeding with the Vulnerable Sector Screening Check accordingly.
Sincerely,

Marie Dickinson

Marie Dickinson

Marie Dickinson Registrar, OPP Liaison
GRAND RIVER MUSTANGS GIRLS HOCKEY
macsd@wightman.ca
226-203-2724