



ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9
T: 226 533.9070 F: 519 620.7476
www.ohf.on.ca

Proud Branch Of



Team Official / Volunteering Season 2024-25

Date _____

Please consider this letter as our confirmation to engage the following person as a Team Official/Volunteer with the Ontario Hockey Federation.

Full name _____

Date of Birth _____

The OHF operates within a structure that is comprised of seven member partners: Alliance Hockey, Greater Toronto Hockey League, Northern Ontario Hockey Association, Ontario Minor Hockey Association, and the Ontario Women’s Hockey Association.

Member _____

Association/Club _____

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,

Zack Millington

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Manager, Risk, Registration and Insurance
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OHF Members

