



GOULDS MINOR HOCKEY ASSOCIATION

P.O. Box 39

Goulds NL

A1S 1G3

To whom it may concern,

Please accept this letter as proof that _____ will be volunteering with Goulds Minor Hockey Association, Goulds NL, for the 2024-2025 minor hockey season. As required by Hockey Newfoundland and Labrador, he/she is applying for a Code of Conduct and the completion of a Vulnerable Persons Check in order to fulfill the regulations to act as a volunteer in the capacity of Coach, Trainer, Manager, or other volunteer, as needed by Goulds Minor Hockey. This letter is valid when signed by the president or registrar of Goulds Minor Hockey.

Thank you in advance for your cooperation in this matter,

Shannon Sullivan

Registrar – Shannon Sullivan

Goulds Minor Hockey Association

WITH SUPPORT FROM

ST. JOHN'S