



### Billet Family Application

Please return the completed application to the Tsunami Billet Coordinator [billeting@coastalhockey.ca](mailto:billeting@coastalhockey.ca) at your earliest convenience so an on-site interview can be scheduled. The following information is **strictly confidential** and is intended for **Office Use only** to better serve you in the future.

For all inquiries, please contact [billeting@coastalhockey.ca](mailto:billeting@coastalhockey.ca) Thank you for your cooperation.

Date	
Name Parent #1:	
Address:	
City:	
Contact Number:	
Contact Email:	
Occupation:	
Employers Name:	
Employers Address:	

Date	
Name Parent #2:	
Address:	
City:	
Contact Number:	
Contact Email:	
Occupation:	
Employers Name:	
Employers Address:	



The number of bedrooms in your home?		
Number of players you are interested in billeting?		
Proximity to Elphinstone Secondary?		
Proximity to Gibsons & Area Community Centre?		
Please list all additional members of your household:		
Name:	Age:	Male/Female:

Why do you want to be a billet family?

Family Hobbies/Activities:

**If you are selected to be a billet, do you agree to have a criminal record check done by the Sunshine Coast RCMP? All adults (19 years or older) living within the home will be required to complete a *vulnerable person's background check*.**



YES:	NO:
Do you have any additional thoughts or comments you believe we should know when considering you and your family as future Coastal Tsunami billets?	

The following YES and NO questions will be used to create a pre-onsite interview profile.

Considering a player(s) should be entitled to as much privacy as possible, do you have a separate bedroom(s) or bathroom(s) for the player(s)?	
YES:	NO:
Do you have room to billet more than one player in your household?	
YES:	NO:
Is your home a smoke-free home?	
YES:	NO:
Do you have any pets in your household?	
YES:	NO:
If you are unable to commit for an entire season as a full-time billet, would you be willing to act as a part-time/substitute billet?	
YES:	NO:
Do you believe the player should integrate and become a part of your family accepting "house rules" and participating, when possible, in family activities?	
YES:	NO:
Are you available to provide meals (breakfast, packed lunches, and dinner) for the player? When you're not available, would you be willing to help teach the player how to cook some simple, nutritious meals?	
YES:	NO:



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 ESTD. HOCKEY 2024

Do you believe the player should help prepare a shopping list based on a weekly menu?	
YES:	NO:
How often do you and your family go out for dinner on a weekly basis?	
<input type="checkbox"/> We don't go out for dinner <input type="checkbox"/> 1 or less days week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> 4 or more days a week	
Does any family member in your household have an allergy or medical condition which potentially requires a menu that differs from a player's meal menu?	
YES:	NO:
Would you be able to give the player enough personal space and refrain from asking for inside information about the team?	
YES:	NO:
Do you have wireless internet access at your home?	
YES:	NO:
Are you comfortable with enforcing Team Guidelines and Team Curfew limits?	
YES:	NO:
Would a player's religious denomination play a role in determining if he was going to be welcome in your home?	
YES:	NO:
Do you prefer a religious denomination which may best fit within your family home and lifestyle?	
YES: If yes, what religion would you prefer?	NO:
Do you have a preference of age for the player or players you would welcome into your household?	
YES: If yes, what age would you prefer?	NO: