

2010 VOLUNTEER APPLICATION

VOLUNTEER INFORMATION

Male Female

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

VOLUNTEERS T-SHIRT SIZE: S M L XL XXL XXXL

COACHING POSITIONS

Coaching: Coach Co-Coach I would like to coach with: _____

Name of child coaching: _____ Age group: _____ Boys Girls Coed

Name of child coaching: _____ Age group: _____ Boys Girls Coed

Years of soccer experience: Coaching _____ Playing _____ Refereeing _____

REFEREE MENTORS

Years of soccer experience: Refereeing _____ Coaching _____ Playing _____

Evenings available: Mondays Tuesdays Wednesdays Thursdays

ADMINISTRATIVE POSITIONS

Board Member Other Administrative (Please describe) _____

IMPORTANT INFORMATION (Please read prior to signing)

As an applicant for a Howard Suamico Youth Soccer Association (HSYSA) volunteer position, I hereby attest to the truthfulness of the representations I have made. I authorize HSYSA to verify the above information and waive any right to confidentiality with respect to the information requested.

I understand that I will be required to complete the SAY volunteer screening form in addition to this form.

Applicant Signature _____ Date _____

RETURN COMPLETED FORM TO: DIANNE BELLISLE, 3109 SUNRAY LN, GREEN BAY, WI 54313

ADMINISTRATIVE USE ONLY

Form Complete ID checked National Form Complete No Yes If yes, social security # obtained/initialed

HS Staff Initials: _____

Approved for 2010 season NOT Approved for 2010 season

Volunteer Screening Coordinator Signature: _____ Date: _____

Coach assigned to team: _____ Division: _____