Boys' Soccer State Championships

Volunteer Application

Please print

First Name.....Last Name.....

Address .....City/State/Zip.....

Telephone .....E-Mail Address.....

Cell phone……..

Personal Information (please circle correct response)

Gender: Male Female

Physical Limitations: No Yes (Please Explain)

Work/occupation .....**Most recent employer (optional)** .....

List previous volunteer experience..... .....

Area of volunteer interest (i.e., site personnel, security, game management, etc.)

1. ....

2 ....

3 ....

Volunteer availability: (Circle all applicable)

Number of Days: 1 2 3

Friday Saturday Sunday

Available: A.M. - P.M. - BOTH

FAX APPLICATION TO: (845) 291-7306

In an emergency, notify:

First Name.....Last Name.....

Address ....

City/State/Zip.....Telephone .....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

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(Signature/Volunteer) (Date)