

## **Initial Volunteer Application**

Name:		Date of Birth:		hirt Size: _		
Address:		Cit	ty:	State:	Zip:	_
Cell Phone:	E-mail:					
If student, school attending			classification		major	
Soccer or other sport play Soccer Coaching Experience		censes)				
Age Group Preference - Ch considerations: 6U Skill Level Coaching prefer	8U 10U	comfortable wor 12U boys	rking with. Use the girls either	blank to a	dd preferentia	ll ranking or other
Availability:after	school yours (3:0	0-4:30)	evening hou	rs (times v	ary but within	the span of 5:30-7:30)
Other comments?						
Interested in a non-coachi	ng position (admi	nistration, van d	riving, mentoring)?	) 		
other related volunteer or Organization	•	<u>Dates</u>	Contact Person	Ī	<u>Phone</u>	
Why do you want to volur	nteer with NorthSt	ar Soccer Minist	ries?			
Please describe any religio	ous affiliation and	practice, includir	ng local Church me	mbership:		
Are you a licensed driver?	yesno If yes,	State: L	icense #		Exp. Da	ate:
Have you ever been convi		•				
Please list 2 educational o	r institutionally re	lated references	(teachers, profess	ors, chapla	ins, etc.)	
<u>Name</u>	<u>Position</u>	Cont	text of Connection			E-mail (phone if no e-mail)
I authorize Neighborhood Netwo professional references to determ			-	tine backgrou	nd check and to c	ontact personal, educational and
Signature:			_ Date:			_

Questions? Please contact Paul Neville at 322-9296 or <a href="mailto:pneville@northstarsoccerministries.org">pneville@northstarsoccerministries.org</a>