

Hope Community Church Son Shine Soccer Volunteer Form

Volunteer Information (please print)

Name: _____

Address: _____

Health Issues: _____

Phone number: _____

Email: _____

I would like to help the team in the following position:

- Concessions
- Coach (Church Members only)
- Assistant Coach
- Team Assistant (Youth)
- Timekeeper
- _____

I prefer this age group: 4-5 6-7 8-10 No preference

All volunteers will be required to complete a primary screening form as part of our child safety policy

For League Use

Team Name _____

CSP Form Received _____

Division _____

Notes:

Shirt Size:

Shirt: YM YL YXL AS AM AL AXL AXXL AXXXL