



**Please complete in BLUE or BLACK INK:**

**Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_  
Last Name First Name M.I.

**Address:** \_\_\_\_\_  
Street City State ZIP

**Mailing Address (if different from above):**

\_\_\_\_\_  
P.O. Box City State ZIP

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Employer Phone:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
Street City ZIP

**Students: School Attending** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Honor Society Student?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**I am interested in volunteering in the following area(s):**

\_\_\_\_\_ Coaching \_\_\_\_\_ Umpire/Referee \_\_\_\_\_ Tutoring/Mentoring

\_\_\_\_\_ After School Activities \_\_\_\_\_ Concessions **Other:** \_\_\_\_\_

**I am available on the following days/times:**

\_\_\_\_\_ Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_ Thursdays \_\_\_\_\_ Fridays

\_\_\_\_\_ Saturdays **Time(s): From:** \_\_\_\_\_ am / pm **To:** \_\_\_\_\_ am / pm

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date Signed**

**Office Use Only:**

Background Check Completed: \_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
Athletic Director Date

Approved: \_\_\_\_\_  
Executive Director Date

