South Valley Athletics Volunteer Application 2018-2019

Contact Information			
Name			
Mailing Address			
City/State/Zip			
Home Phone			
Cell Phone		Text OK? (circle one) Yes No	
Work Phone			
Birthday (MM/DD/YY)			
Email address			
Preferred method of contact	(circle one) Text Call: Cell	or Home Email	
Which phone number do you	want given out to parents (circle	one)? Cell Home Both	
Are you left or right handed?	(some parents have requested le	ft handed coaches) Left Right	
Shirt size (circle one) S M	L XL 2XL 3XL 4XL		
You will only receive a shirt if you sign up to coach BEFORE we order shirts			
	Interests		
Tell us in which areas you are interested in helping. Check all that apply.			
Youth soccer	Youth cheer	Finance	
Youth volleyball	Adult soccer (reffing)	Fundraising	
Youth basketball	Board of Directors	Volunteer coordinator	
Tennis camp	Reffing	Special events	
Head coach	Setup/cleanup at games	General cleanup of grounds	
Assistant coach only (fo			
Specia	l Skills, Qualifications or F	Previous Experience	
Summarize special skills and qualifications you have acquired from employment, previous			
volunteer work, or through other activities, including hobbies or sports; coaching experience.			
Previous Board Experience (if applying for board position)			
Summarize your previous board/volunteer experience.			

Please complete other side

Phone: 541.942.3079

(call or text)

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2018-2019			
Reference (returning coaches ONLY do not need to fill this section out)			
Please provide a personal or professional reference.			
Name			
Mailing Address			
City/State/Zip			
Phone			
Relationship to you			
Person to Notify in Case of Emergency			
Name	eroon to mounty in case or amerigency		
Relationship to you			
Street Address			
City/State/Zip			
Home Phone			
Cell Phone			
Work Phone			
	Agreement and Signature		
By submitting this application	n, I affirm that the facts set forth in it are true and complete. I understand		
that if I am accepted as a coa	ch/board member, any false statements, omissions, or other		
misrepresentations made by	me on this application may result in my immediate dismissal.		
Name (PRINTED)			
Signature			
Parent name (if under 18)			
Parent signature			
Date			
Background Consent Form			
I am aware that to be a coach/board member I am required to fill out a background check consent form.			
If I do not fill one out, I will not be eligible to coach or be on the Board of Directors			
	Initial		
	Our Policy		
It is the policy of this organization to provide equal opportunities without regard to race, color, religion,			
national origin, gender, sexual preference, age, or disability.			
Thoule a fee to			
Thank you for completing this application form and for your interest in volunteering with us.			
OFFICE USE ONLY:			
	Application approved: YES NO		
	Background check completed (date):		

Please complete other side

Phone: 541.942.3079

(call or text)