



# PENINSULA SOCCER

Learning and Playing Soccer for the Fun of It

Info Line | 619.225.1112

## Volunteer Application:

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ CDL#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Previous volunteer experience:

Do you have children playing PSL:  Yes  No

Have you ever been convicted of a crime  Yes  No

Any special certifications (CPR, First Aid)  Yes  No If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Please select areas of interest. Please check one or more, thank you!

Coach  Referee  Boys / Girls Representative  Other

Field Maintenance  Opening Day Coordinator

Team Parent  Team Volunteer  Closing Day Coordinator

All-Star Coordinator  Spring Soccer  Registration

I would like to help, but do not want to take any of the above lead positions

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Please print