

# Huron Soccer Association

\*\*\*\*\*VOLUNTEER APPLICATION\*\*\*\*\*

(Please type or print)

## PERSONAL INFORMATION:

_____		_____
Name		Date of Application
_____		_____
Address		Telephone Number
_____		_____
Present Occupation	Years of Employment	Social Security No.
_____		_____
Employer's Name and Address		Work Phone Number

\_\_\_\_\_ Educational Field of Study(College or Above)  
\*\*\*\*\*

Have you ever been convicted of a crime(other than traffic violations?) Yes \_\_\_ No \_\_\_  
(A conviction record will not necessarily be cause for disqualification)

Licensed Driver Yes \_\_\_ No \_\_\_ State \_\_\_\_\_

## POSITION DESIRED:

Which age level do you prefer working with? (Circle appropriate one) (U=Under)

Girls U19    Girls U16    Girls U14    Girls U12

Boys U19    Boys U16    Boys U14    Boys U12

Head Coach                      Assistant Coach                      Other: \_\_\_\_\_

What specific skill do you have that you will bring to this level of soccer? \_\_\_\_\_

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

Training and Skills (most relevant to the position you desire): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your philosophy with regard to soccer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List total number of years of soccer experience – Coaching \_\_\_\_\_

Highest coaching license obtained: \_\_\_\_\_

Give your reasons for wanting to volunteer for H.S.A: \_\_\_\_\_

\_\_\_\_\_

List three persons NOT related to you who can judge your qualifications for this position:

Name	Phone
_____	_____
_____	_____
_____	_____

Name	Phone
_____	_____
_____	_____
_____	_____

Name	Phone
_____	_____
_____	_____
_____	_____

I certify that all the information given on this volunteer application is true and correct. I also give my permission for the verification of the above information by the H.S.A. -if necessary.

Signature	Date
_____	_____

\*\*\*\*\*

To be completed by HSA:

Verified by: \_\_\_\_\_

Comments:

Recommended Position: \_\_\_\_\_

\*\*This form will be kept on file with the H.S.A.