



VOLUNTEER FORM

NO PREVIOUS EXPERIENCE IS REQUIRED

DATE: ___/___/___

SOCCER SEASON: Year: _____ Spring | Fall
(circle one)

Name: _____ Phone: () _____ - _____

Child's Name: _____ M | F Division: Inhouse U8 U10 U12 U14 U16

I would like to participate within the Wilson Youth Soccer Association in the following capacity:
(At a minimum these positions will require a police background check and an annual/seasonal commitment)

- | | | |
|--|---|---|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Team Manager | <input type="checkbox"/> Exec. Board Member (must be existing board member) |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Assistant Mgr. | <input type="checkbox"/> Board Member |

I would like to assist the Wilson Youth Soccer Association with the following committees/activities:
(For the following positions, check as many as you desire)

- Annual Banquet and Halloween Parade (End of Fall season, general organization, etc.)
- Communications (Calendar of events, Use of facilities, Parent/Player, Phone Links, etc.)
- Equipment (Uniforms, Balls, Med. Kits, Ice packs, etc.)
- Fields (Acquiring, Lining, Maintenance, etc.)
- Fund Raising (Dances, Fairs, Candy, Food, Avon, etc.)
- Merchandise Sales (T-shirts, Warm-ups, Balls, Bags, Blankets, etc.)
- Programs (Annual sponsorships, Photographs, etc.)
- Registration (Sign ups, administration, etc.)
- Tournaments (Pre-season Spring, Post-season Fall)