



VOLUNTEER APPLICATION

Name: _____ Birth Date: ____ / ____ / ____
First Last Day Month Year

Address: _____ City: _____ Postal Code: _____

Phone: (Home) _____ (Mobile) _____ (Work) _____

Email: _____

VOLUNTEER POSITION(S) YOU ARE INTERESTED IN

<input type="checkbox"/> Team Volunteer	<input type="checkbox"/> Marketing
<input type="checkbox"/> Convenor (Regional or Local)	<input type="checkbox"/> Communications
<input type="checkbox"/> Tournaments/Event Volunteer (e.g. Picture Day)	<input type="checkbox"/> Administrative
<input type="checkbox"/> Operations	<input type="checkbox"/> Other (Specify): _____

All Club Volunteers, over the age of 18, may be required to complete a Vulnerable Sector Police Check as part of the Club Screening requirements.

Upon signing, I _____ have read and agree to abide by the Rules and Regulations set out by South Simcoe United FC (these can be found on the Club Website). This includes promoting a safe and positive experience for our players as well as encouraging fair play and sportsmanship.

Signature: _____ Date: _____

Please return this completed form ASAP

In-Person: To the Office (to the address at the bottom) or any Board/Executive Member

Email: admin@southsimcoeunited.ca

Mail: South Simcoe United FC, PO Box 358, Alliston, Ontario L9R 1V6

THANK YOU FOR VOLUNTEERING!!

Revision Date: February 2016

South Simcoe United FC, 39 Victoria Street East, Alliston ON L9R 1T3

www.southsimcoeunited.ca