



P.O. Box 854
Montrose, CA 91021

Volunteer Application

Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Interests

Tell us in which areas you are interested in volunteering (check all that apply)

- Head Coach
- Assistant Coach
- Helper/Instructor for Rookies and Dribblers
- Scorekeeping
- Refereeing
- Keeping Statistics
- Administration
- ANYTHING!**

Availability

Which days are you available? (Check all that apply)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Notes:

Time Preference

Which times would you prefer? (Check all that apply)

- Weekdays - early evening
- Weekdays - late evening
- Weekdays - anytime**
- Weekend - mornings
- Weekend - afternoons
- Weekend - evenings
- Weekends - anytime**

Transportation

What will be your main form of transportation?

- Parent or guardian will drive me
- Friend will take me
- I will drive myself (someone else's car)
- I have my own car
- I don't know

Notes:

Previous Experience working with Children

Tell us about previous experiences you have working with children.

Basketball/Athletic Experience

Tell us about your basketball (or other athletic) experiences.

More About You

Tell us generally what you want to do

Even More About You

Tell us anything else you want.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

| | |
|--------------------------|--|
| Name (digital signature) | |
| Date | |

THANKS!

Thank you for completing this application form and for your interest in volunteering with us.