



DOLLARD SOCCER CLUB VOLUNTEER FORM 2010

Personal Information:

Date: _____

Name (L / F): _____
Address: _____
City: _____
Email : _____

Child(ren): _____
Phone: _____
Cell #: _____

DDO Police Screening: Yes: No:

VOLUNTEER SPECIFICS:

Coach: Yes: No:

Asst Coach: Yes: No:

Other: _____

MICRO			
U4	U5	U6	U7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7=ASIDE			
U8	U9	U10	U11
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11-ASIDE					
U12	U13	U14	U15	U16	U18
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of years as a DSC Volunteer (include current year): _____

Notes:

Coaching Certifications:

NCCP CC# _____	Community Coach: Child: <input type="checkbox"/> Youth: <input type="checkbox"/> Senior: <input type="checkbox"/>	DEP: <input type="checkbox"/>	LICENSE(S): A: <input type="checkbox"/> B: <input type="checkbox"/> C: <input type="checkbox"/>	OTHER: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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Experience (Please including all coaching and playing experience):

Objective (Outlining your goals and philosophy of coaching):

RESERVED FOR CLUB USE: