## **Strathroy-Caradoc Minor Soccer Association**

## YOUTH VOLUNTEER APPLICATION FORM

## PERSONAL INFORMATION

Last Name:	First Name:		
Street Address:			Apt/Unit #:
City:	Province:		Postal Code:
Home No.:	Cell No.:		Email:
SCHOOL INFORMATION			
School Name:			
Current Grade:	Birthdate (if under 18 years	s old):	
☐ Complete my OS	ne Strathroy-Caradoc Minor Soccer Ass SD requirement for 40 hours of commu cular course requirement.	ınity service Details:	
			re successfully completed my volunteer placement: y of the report or form to this application.
I am available to start:	I must f	I must finish my volunteer assignment by:	
EXPERIENCE AND INTERES	<u> </u>		
Volunteer and/or Work Exper	ience		
Organization	Length of Time as Volunted	er or Employee	Position(s) Held
Describe why you are interested in w	orking as a volunteer at the Strathroy-C	Caradoc Minor Soc	cer Association.
Is there any additional information yo	ou feel would be helpful?		
Do you have any experience in sport	s and/or working with children? Descril	be.	

The second page of this application must be completed for application to be considered.