VOLUNTEER APPLICATION FORM

First Name: _____
Last Name: _____
Address: _____
Postal Code: _____
Email: _____
Cell Phone: _____

Area of Volunteer

Events and tournaments: _____

In the office: _____

To be completed by volunteers 16 years of age or older
I understand that I am required to complete a Screening and Disclosure Form and Privacy Statement and that the information submitted is kept confidential and only shared with relevant Woodbridge Soccer employees to process my volunteer application.

Date: _____**Signature:** _____

To be completed by a Parent or Guardian if the volunteer is under 16 years old
I am the legal parent or guardian of the volunteer applicant. This person is under 16 years old (please note volunteers must be at least 14 years old)

Parent/Guardians First and Last Name: _____

Date: _____**Signature:**_____

RETURN YOUR APPLICATION BY EMAIL TO Rita Urrasio houseleague@wscstrikers.com