



**WCYSA VOLUNTEER APPLICATION**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

How would you like to volunteer? \_\_\_\_\_

Age Group You Would Like to Volunteer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever been a head coach or assistant coach in any youth sport before? \_\_\_\_

If yes, how many seasons have you been a head coach or assistant coach? \_\_\_\_

Do you have a coaches license? Yes \_\_\_\_ No \_\_\_\_ Level \_\_\_\_\_

Are you planning on taking any training courses? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not sure

Do you have any playing experience? \_\_\_\_ . If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Are you a referee? \_\_\_\_ Are you currently a certified referee? \_\_\_\_

In the last three years, have you been sanctioned for any inappropriate behavior while on the field? \_\_\_\_

If yes, give brief explanation: \_\_\_\_\_

\_\_\_\_\_

Please provide two references that we may call:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby attest that the above information is true and correct and that if I am chosen as a WCYSA volunteer, I will abide by all bylaws, policies and procedures of Wise County Youth Soccer Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please use the back of the application to add additional information or comments.

Mail volunteer application and Kidsafe application to: WCYSA, PO Box 444, Wise VA 24293. All information listed here is confidential.