



2009

Forest Hill Recreation Council

SOCCKER VOLUNTEER APPLICATION FORM

(experience not a requirement to volunteer)

Age Group Director

Coach
(Please circle one)

Assistant Coach

Name: _____

Phone: _____

Address: _____

Zip: _____

Experience

Years Coaching Experience: _____ Years with Forest Hill Rec. Council: _____

Previous Organizations/Rec. Councils: _____ Age Groups: _____

Do you have any soccer association certifications? _____ Are you "CPR" Certified? _____

Do you hold a "USSF or NSCAA" Coaching License? _____ Grade: _____

Are you a certified referee? _____ Grade: _____

Have you attended any Coaching Clinics? (list) _____

List any other qualifications or experience you have: _____

Why do you want to volunteer your time: _____

Have you ever been convicted of a crime/sexual harassment? (If yes, please explain)

Request (circle one)

Boys Rainbow U8 U9 U10 U11 U13 U15 U18

Girls Rainbow U8 U9 U10 U11 U13 U15 U18

I certify that the information I have provided on this form is factual.

Applicant Volunteer Signature: _____ Date: _____

RETURN TO: Mike Geier; 1730 Grafton Ridge Court; Forest Hill, MD 21050