

Lacrosse for LIFE

LEADERSHIP ★ INTEGRITY ★ FRIENDSHIP ★ EDUCATION
VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____ Social Security #: _____

EMAIL: _____ Date of Birth: _____

US Lacrosse Membership #: _____

I am interested in the following (check all that apply):

Coaching Mentoring/Tutoring Recruitment

Fundraising Field Trips Clinics & Camps

I am available (check all that apply):

Weekends only Weekdays Evenings Weekends +

My experience with lacrosse is:

My experience working with young people is:

Other skills/interests of mine that I offer:

Lacrosse for LIFE

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EDUCATIONAL BACKGROUND

	School Name	Dates of Attendance	Date of Completion
Middle School			
High School			
College			
Post - College			
Military or Other			

REFERENCES:

Please give two (2) references that we may contact:

Name _____

Phone _____

Email _____

How does this person know you?

Name _____

Phone _____

Email _____

How does this person know you?

I hereby certify that all of the above information is true. By signing this application, I understand that I am applying to volunteer with Lacrosse for LIFE, a non-profit organization. I also understand and agree that as my primary work will be with children, in accordance with California and San Francisco law, a background check will be conducted based on my social security number, State ID number and/or fingerprints and that Lacrosse for LIFE reserves the right to refrain from accepting my application at its discretion and may terminate the volunteer relationship with me at any time.

Printed Name: _____

Signed Name: _____

Date: _____