



Monroe Special Sports Soccer Stars

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VOLUNTEER FORM

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

Address _____ City _____

State _____ ZIP _____ Date of Birth _____ Your Age? _____

School Name (if applicable) _____ Shirt Size _____

Phone _____ Alternate Phone # _____

Email _____

Note: Email is our main contact for you. Please check it often.

Have you volunteered in other community organizations? Yes No

If Yes, Name of Organization _____ City _____ ST _____

Please give a short explanation of why you would like to volunteer:

Do you need Community Service hours for School, Church, etc.? List name of organization or leader.

Volunteer Activities: (Please check all activities you would like to participate in)

Buddy to a Player Leader of Exercise/Stretches/Laps

Experience As-Player H.S./Rec Team?

Computer Work

Equipment Manager Anywhere needed

I have read and signed the COVID -19 waiver and other forms. _____

SS USE: Date _____ Volunteer Activity Assigned: _____

By: _____

If Buddy to a Player, Player name: _____