APPLICATION TO VOLUNTEER

Last Name	Proper First Name	Middle Name	\overline{M}	F
Address:				
Telephone #:	Cellphone#:			
Email Address:				
If you are applying for a coach	ing position, please provide coaching bac	kground:		
I hereby affirm I hav	re resided in the Commonwealt	th of PA for the previous to	en (10) years.	
Signature of Volunteer.				
****PLEASE SUBMIT T	O TEAM DIRECTOR FOR PRO	CESSING ALONG WITH	CLEARANCES	3****
Signature of Team Direct	or:			
Approval President:				
No Record Record	l: PA Criminal History Report			
No RecordRecord	d: PA Child Abuse Clearance			
No Record Record	d: Federal Criminal History Repor	rt		