



POST OFFICE BOX 255  
 SCHERERVILLE, INDIANA 46375  
 219-864-3941 [WWW.SCHERERVILLESOCCKER.ORG](http://WWW.SCHERERVILLESOCCKER.ORG)

**VOLUNTEER APPLICATION FORM—PAGE 1 OF 2**

**PLEASE PRINT**—ALL INFORMATION NEATLY

\_\_\_\_\_  
 FIRST NAME M.I. LAST NAME

\_\_\_\_\_  
 HOME ADDRESS CITY STATE ZIP CODE YEARS AT ADDRESS

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER

**PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 5 YEARS:**

\_\_\_\_\_  
 PREVIOUS ADDRESS CITY STATE ZIP CODE

DATE OF BIRTH: \_\_\_\_\_ SEX: FEMALE MALE  
 MONTH DAY YEAR

\_\_\_\_\_  
 DRIVER'S LICENSE No. STATE ISSUED EXPIRATION DATE

\_\_\_\_\_  
 CURRENT COACHING LICENSES CURRENT REFEREE GRADE

**POSITION, TYPE OF WORK, EXPERIENCE—NUMBER OF YEARS (USE BACK OF FORM IF NECESSARY.)**

1. BACKGROUND IN WORK WITH YOUTH: \_\_\_\_\_
2. EXPERIENCE IN SOCCER: \_\_\_\_\_
3. EXPERIENCE IN YOUTH SOCCER: \_\_\_\_\_
4. LAST TRAINING COURSE COMPLETED: \_\_\_\_\_
5. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE? YES NO  
 IF YES, EXPLAIN ON REVERSE.
6. HAVE YOU EVER BEEN CONVICTED OF A CRIME AGAINST A PERSON? YES NO  
 IF YES, EXPLAIN ON REVERSE.
7. HAVE YOU EVER BEEN CONVICTED OF A CRIME AGAINST A CHILD? YES NO  
 IF YES, EXPLAIN ON REVERSE.
8. HAVE YOU EVER BEEN SUSPENDED OF COACHING DUTIES INVOLVING A TEAM SPORT? IF YES, EXPLAIN ON REVERSE. YES NO

\_\_\_\_\_  
 INITIAL DATE

# VOLUNTEER APPLICATION FORM—PAGE 2 OF 2

PLEASE PRINT—ALL INFORMATION NEATLY

**PLEASE PROVIDE TWO REFERENCES THAT WE MAY CONTACT.**

NAME	RELATIONSHIP	PHONE NUMBER
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In applying for this Schererville Soccer Club position, I understand that the information that I have furnished on this form is subject to verification. The Schererville Soccer Club reserves the right to submit a state police limited criminal history background check in a manner similar to those done by other youth organizations where adults work with children (such as the Boy Scouts of America, etc.). For as long as I am involved with the Club, I will abide by all rules and guidelines set by the Schererville Soccer Club, Inc., The Northwest Indiana Soccer Association, the Indiana Youth Soccer Association and SAY. This information, as well as the rights obtained herein, may be shared with those organizations to meet any insurance/member requirements. If requested by one of the afore mentioned organizations, I will submit my fingerprints for verification purposes. This form must be updated every year.

The information contained in this document is true and accurate.

PRINTED NAME	SIGNATURE	DATE
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SCHERERVILLE SOCCER CLUB USE ONLY	
APPROVED	DATE

If you are volunteering to coach again within One Year, please verify ALL of the information on this application, make any modifications necessary to make it true and accurate, sign and date the form below.

The information contained in this document is true and accurate.

PRINTED NAME	SIGNATURE	DATE
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SCHERERVILLE SOCCER CLUB USE ONLY	
APPROVED	DATE

SCHERERVILLE SOCCER CLUB OFFICIAL USE ONLY: (CIRCLE APPROPRIATLY)
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SEASON YEAR (STARTS WITH SPRING SEASON ENDS WITH INDOOR SEASON:							
HC				AC	SPRING	FALL	INDOOR
COACHING POSITION				SEASON			
U6	U8	U11	U14	U17	<u>COMMENTS</u>		
INSTRUCTIONAL							
U8	U10	U12	U14	B	G	Co	
TRAVEL							
U9		U12	U15				
INDOOR							