

MARYLAND SOCCER FOUNDATION
Application for Student Service Learning Hours

DATE OF APPLICATION: _____

PERSONAL INFORMATION

Last Name	First	Middle Initial	
<hr/>			
Home Address	City	State	Zip
Phone: () _____			e-mail: _____

VOLUNTEER INFORMATION

Positions interested in: (Circle all that apply) Counselor in Training (CIT)
Office Assistant Park Aide (outdoors) Event assistant Birthday Party Referee

How were you referred to the Maryland Soccer Foundation? _____
When would you be available to begin volunteering? _____

Would you be willing to volunteer:

a) Evenings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	b) Weekends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Early Mornings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d) Outdoors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many hours per week, would you be available to volunteer? _____

EDUCATION AND TRAINING

Type of School: (Please Circle) Middle School High School

Grade: (Please Circle) 6th 7th 8th 9th 10th 11th 12th

Name of School _____
Location of School _____

Have you been convicted of a felony in the past five years? YES NO

BUSINESS OR PROFESSIONAL REFERENCES

Name	Years Known	Occupation	Address	Phone

Please include any other information you think would be helpful: activities, accomplishments, etc
