MARYLAND SOCCER FOUNDATION
Application for Student Service Learning Hours

DATE OF APPLICATION:_____

PERSONAL INFORMATION

_____

Last Name First Middle Initial

_____

Home Address City State Zip

Phone: (____)_____ e-mail: _____

VOLUNTEER INFORMATION

Positions interested in (Check all that apply): ☐ Counselor in Training (CIT) ☐ Coaching Assistant (CA)
☐ 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	☐ Yes	☐ No	b) Weekends	☐ Yes	☐ No
c) Early Mornings	☐ Yes	☐ No	d) Outdoors	☐ Yes	☐ No

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

EDUCATION AND TRAINING

Type of School: (Please Check) ☐ Middle School ☐ High School

Grade: (Please Check) ☐ 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
_____