WINDSOR SOCCER CLUB
WHERE EVERYONE WANTS TO PLAY

VOLUNTEERS REGISTRATION FORM

Please print

First Name _____ Last Name _____ Street Address _____ Apt. No. _____

Date of Birth: _____ (dd mm yyyy) Sex: M ___ F ___

City/Town _____ Province _____ Postal Code _____

E-Mail Address: _____

Home Telephone _____ Cell Telephone _____

Have you ever obtained a Police Clearance? YES ___ NO ___

Do you have any children with WSC? YES ___ NO ___

Business Telephone _____ Ext. _____

If "YES" Child's Name: _____

Availability:

- ◊ Fun Day - Day of Champions
- ◊ Tom Hillis
- ◊ Photo Day
- ◊ Weekday Evening
- ◊ Saturday Morning
- ◊ Saturday Afternoon
- ◊ Other _____

Volunteer Positions:

- ◊ Field Marshalls
- ◊ Food Preparation
- ◊ Information Tent
- ◊ Setup / Takedown / Cleanup
- ◊ Clubhouse Attendant
- ◊ Convenor Division _____
- ◊ Special Stars Autistic League

Previous volunteer experience:

_____

_____

_____

_____

_____

Shirt Size: **S M L XL XXL**

Circle one

Signature: _____ Date: _____

1215 Walker Rd. - Unit 8, Windsor, ON., N8Y 2N9 Office: 519-944-2536 Fax: 519-253-9341
windsorsoccerclub.com