

Jr. Magic Youth Basketball Coaches/Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cellular Phone	
E-Mail Address	
Shirt Size (Coaches'/T-shirt)	

Interests

Tell us in which areas you are interested in volunteering

- ___ Administrative/Information Distribution
- ___ Events Coordinator
- ___ Travel and Accommodations
- ___ Fundraising
- ___ Team Mom
- ___ Tutoring
- ___ Mentoring
- ___ Transportation Coordinator
- ___ Coach
- ___ Assistant Coach



Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Coaching Experience

Summarize your previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Signing below I agree to a background check and/or finger printer as required working with youth.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.