



Scugog Soccer Association
 P.O. Box 585, Port Perry, Ontario, L9L 1A5
 Email: info@scugogsoccer.ca ~ Phone: 905-985-7553

Volunteer Application Form

For Year: _____ Name: _____
 Address: _____ Postal Code: _____
 Phone (H): _____ (Work/Cell): _____
 Email Address: _____ Your Age (if under 18): _____

Area's you can help?

- Canteen Sponsor Day (mid June) Cup Day (mid August) Convener Other

Days of the week you can help?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you have any Special Qualifications

Please record the date you received your qualification, along with the level if applicable.

First Aid/CPR: _____
 Other 1: _____
 Other 2: _____

Depending on your role you may need to be screened by the SSA. This involves a combination of a Police Check, References and an Interview (Screening is only required every three years).

Three References (including current/previous employer and member of past Club if applicable)

	Name/Relationship	Phone Number
1.	_____	_____

2.	_____	_____

3.	_____	_____

Signature: _____ Date: _____

For club use only:	Date Completed	Initials
Date last screened by SSA	_____	_____
Police Records Check	_____	_____
Personal Reference Check	_____	_____
Interview	_____	_____
Approved for volunteer position by:	_____	_____