

**MSI - Montgomery Soccer, Inc. TOPSoccer  
Adaptive Soccer Program**

**Volunteer Application - For Volunteer "Buddies" and Coaches**

*With the interest of the health and safety of our volunteers and athletes in mind, we ask your cooperation in providing the following information:*

**Please PRINT**

Name: \_\_\_\_\_

Last

First

MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Emp/Sch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Male \_\_\_ Female \_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_ -- Secondary #: (\_\_\_\_) \_\_\_\_\_

**I have experience working with people with disabilities (not required) yes \_\_\_ no \_\_\_**

**I am volunteering to fulfill a Community Service Requirement yes \_\_\_ no \_\_\_**

**I have soccer experience (not required) \_\_\_ yes \_\_\_ no**

**Please describe:** \_\_\_\_\_

**This section to be completed if applicant is under 18 years old:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Grade in School (Fall): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ give my permission for him/her to work as a volunteer buddy in the MSI TOPSoccer -Adaptive Soccer Program. I am aware of the fact that my son/daughter must attend a mandatory orientation session prior to volunteering\*. I understand that MSI is counting on his/her participation, and if he/she agrees to work a session, he/she is expected to attend.

**Signature of Parent of Guardian:** \_\_\_\_\_

\* Information regarding training and/or orientation for the TOPS Adaptive program will be sent to your son/daughter following completion of this Application for Volunteer Service.

**Please PRINT all information below**

**Please list two NON-family references:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

**Please answer the following questions:**

Do you use illegal drugs? \_\_\_yes \_\_\_no

Have you ever been convicted of a criminal offense? \_\_\_yes \_\_\_no

Have you ever been charged with neglect, abuse or assault? \_\_\_yes \_\_\_no

Has your driver's license ever been suspended/ revoked in any state or jurisdiction? \_\_\_yes \_\_\_no

Have you ever had a criminal background check? \_\_\_yes \_\_\_no

If yes, what State \_\_\_\_\_ and the date: \_\_\_\_\_

**Please Read before signing:**

**I understand that** The information I have provided may be verified and I give my permission to Montgomery Soccer, Inc. (MSI) to make inquiry of others including a criminal background check and or driver record check concerning my suitability to act as an MSI Volunteer; I authorize and request others to make available to any duly authorized representative of MSI any information relevant to my position as a volunteer. I hereby waive any right I may have with regard to the release of this information to MSI. In the course of volunteering for MSI I may be dealing with confidential information and I agree to keep said information in the strictest confidence. The relationship between MSI and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or by MSI. I grant MSI permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of this program. I am responsible or following and abiding by the MSI Volunteer Code of Conduct. I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

**Signature of Volunteer Applicant:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Witnessed by:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Please mail or fax this completed form to:**

**Pam Yerg, TOPSoccer Director, 10204 Colebrook Ave, Potomac, MD, 20854**