



2018 SOCCER 4 KIDS WITH SPECIAL NEEDS

VOLUNTEER FORM

PO Box 852, 11151 Keele St. Maple, ON., L6A 1S8

T. 905-832-0911 F. 905-832-0624

www.vaughansoccer.com

Session Dates: Sunday June 10, 17, 24, July 8, 15, 22, 29, & August 12, 2018

Session Times: 8:45 to 10:15am

Session Location: McNaughton Turf Field (located on the northwest corner of Keele Street & McNaughton Rd)

FULL NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

ALL CORRESPONDENCE IS DONE VIA E-MAIL, WE REQUIRE AN ACTIVE E-MAIL THAT CAN BE ACCESSED ANYTIME

PHONE NUMBER: _____ DATE OF BIRTH: ____/____/____
MM DD YY

GENDER: ____/____
M F

- DO YOU HAVE YOUR FIRST AID: YES or NO (not mandatory)
If yes, what level: _____
- ARE YOU A MEMBER OF OUR CLUB? YES or NO
- HOW ARE YOU A MEMBER(check one): PLAYER TEAM OFFICIAL OTHER
- ARE YOU A RETURNING VOLUNTEER FOR THIS PROGRAM: YES or NO
IF YES, WHO WAS ASSIGNED AS YOUR 'LITTLE BUDDY': _____
- ASIDE FROM THIS PROGRAM, DO YOU HAVE EXPERIENCE WORKING WITH CHILDREN WITH SPECIAL NEEDS? IF YES PLEASE EXPLAIN; _____

These children require stability therefore if you know in advance that you will miss 4 or more sessions please let us know as soon as possible.

SIGNATURE OF APPLICANT IF 18 YEARS OF AGE OR OLDER DATE

SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS UNDER 18 DATE

COMPLETED AND SIGNED FORM CAN BE EMAILED TO PAT GAUDIO AT scores@vaughansoccer.com, YOU MAY ALSO FAX IT IN, OR DROP IT OFF AT OUR OFFICE DURING OFFICE HOURS

Be a Buddy....Not a Bully!!!