

Citrus United Soccer Club Volunteer Form

Name:	
Address:	
Day phone:	
Evening Phone: Cell phone:	
Email:	
Child (s) Name (s) and ages:	
I would be happy to support my child and the league by volunteering in the indicated below:	area(s)
☐ Age group coordinator (Responsible for a specific age group to pass along information from league to the coach / team mom)	the
☐ Fundraiser T-Shirt coordinator (Organize the t-shirt fundraiser, collect all T-shirt forms and	monies)
☐ Picture Day / Trophy / Sponsor plaque coordinator (organize team picture day, trophy distrand sponsor plaques)	ibution
☐ Volunteer coordinator (Organize volunteers for positions they have signed up for by contact volunteers/coaches)	ting
☐ Team Mom (work directly with team mom coordinator/coaches to handle all paperwork as with your child's team. Collect all forms and information from team parents when needed, restor getting concession stand coverage for your team, collect and distribute all fund raising information monies, and in general be a coordinator to the league for your coach so they are available your child)	sponsible ormation
☐ Concession Stand volunteer (willing to work in the concession stand and sign team parents concession)	up for
I am available to volunteer where needed, based on the following time I can commit to:	
Amount of time: 2 hours 3-5 hours 5-7 hours 7-9 hours 10 or more hours Duration: Weekly Monthly During Season	
Volunteer Signature:	