



## ADULT VOLUNTEER APPLICATION

We are looking for dedicated and enthusiastic volunteers who can regularly attend our practices and games, assist young athletes with special needs participate in soccer activities and games, and give them the opportunity to experience being part of a soccer team.

### Volunteer Information

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Have you completed an FYSA Risk Management form?  Yes  No  
(If no please download a Risk Management [Background check] form located @ [http://www.naplessoccer.com/risk\\_management\\_form.pdf](http://www.naplessoccer.com/risk_management_form.pdf))  
Send this in with your application

Briefly describe your soccer playing and/or coaching experience:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your experience working with children with special needs:

\_\_\_\_\_  
\_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your commitment to Naples TOPSoccer**

## **How can I help?**

I would like to volunteer to:

- Coach Practices or games
- Game day Buddy to Athletes coordinator
- Fundraising / Grant writing
- End of season Banquet organization
- Other talents (please explain briefly)

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Email to:

Randy Bills [rbillou@comcast.net](mailto:rbillou@comcast.net)

Or send to:

Randy Bills 911 22<sup>nd</sup> Ave NE, Naples, FL 34120

Cell 239-601-1818