

# CYSA Volunteer Application

[www.CYSAsoccer.org](http://www.CYSAsoccer.org) 717-200-2053 [CYSA@SoccerOffice.com](mailto:CYSA@SoccerOffice.com)



## Personal Contact Information

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

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

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

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

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

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship with Volunteer: \_\_\_\_\_

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

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

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

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

## Qualifications

Education: \_\_\_\_\_

\_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Availability: \_\_\_\_\_

Please Return Completed Application to a CYSA Board Member or remit to [CYSA@SoccerOffice.com](mailto:CYSA@SoccerOffice.com)

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Relevant prior employment or volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Relevant training, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

Please **CIRCLE** YES or NO to the following:

Concussion Training: YES or NO

PA State Police Criminal History Clearance: YES or NO

PA Child Abuse Clearance: YES or NO

FBI Criminal History Clearance: YES or NO

Please **RANK** your interest level, using 1 for **MOST** interested, 2 for **SOMEWHAT** interested, and 3 for **LEAST** interested:

\_\_\_ Administrative

\_\_\_ Athletics

\_\_\_ Management

Please **CHECK** the following areas you are currently studying or planning to study:

- |   |   |
|---|---|
| <input type="radio"/> Accounting                                  | <input type="radio"/> Finance                       |
| <input type="radio"/> Art   | <input type="radio"/> Geoenvironmental Studies      |
| <input type="radio"/> Business                                    | <input type="radio"/> Management                    |
| <input type="radio"/> Communication                               | <input type="radio"/> Marketing                     |
| <input type="radio"/> Economics                                   | <input type="radio"/> Organizational Leadership     |
| <input type="radio"/> Environmental Science and/or Sustainability | <input type="radio"/> Philanthropy                  |
| <input type="radio"/> Health and Physical Education               | <input type="radio"/> Project Management            |
| <input type="radio"/> Health Science                              | <input type="radio"/> Public Relations              |
| <input type="radio"/> Exercise Science                            | <input type="radio"/> OTHER (please specify): _____ |

I hereby affirm that the above is information true:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_