



UPWARD VOLUNTEER APPLICATION

Today's Date _____

Gender: Male Female

Legal Name _____
Last First Middle

Other names you have been known by (including maiden name): _____

Work: _____ Cell: _____ Home: _____

E-Mail: _____ Adult T-shirt size (circle one): S M L XL XXL XXXL

Please check the areas where you are willing to serve:

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Referee | <input type="checkbox"/> Commissioner _____ | <input type="checkbox"/> Snack Bar |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Court Monitor | <input type="checkbox"/> Evaluation Team | <input type="checkbox"/> Team Parent |

Have you volunteered for Upward Basketball before? Yes No

If yes, which area(s) have you served?

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Referee | <input type="checkbox"/> Commissioner _____ | <input type="checkbox"/> Snack Bar |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Court Monitor | <input type="checkbox"/> Evaluation Team | <input type="checkbox"/> Team Parent |

Do know anyone who might be interested in volunteering for Upward Basketball this year? Yes No

If yes, please provide their first, last name, and phone number. _____

COACHES AND ASSISTANT COACHES COMPLETE THIS SECTION:

Please circle the days/times you would like to practice:

Days: M Tu W Th Times: 4 pm 5 pm 6 pm 7 pm

Please list your children who will be playing Upward basketball this year, if applicable.

Child's Name	Grade	Gender	I plan to coach my child's team
_____	_____	M F	YES NO
_____	_____	M F	YES NO
_____	_____	M F	YES NO

Indicate the grade and gender that you prefer to volunteer with. Coach (C) Assistant Coach (AC)

1st and 2nd Grades-Boys _____ Girls _____ 3rd and 4th Grades-Boys _____ Girls _____
 5th and 6th Grades-Boys _____ Girls _____ Anywhere needed _____

Is there someone you would like to coach with? Yes No

Name: _____ Cell: _____ Email: _____

Applicant's Signature _____ **Date** ___/___/___