

Monroe Special Sports
Basketball Pals

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VOLUNTEER FORM 2011

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

Address _____ City _____
State _____ ZIP _____ Your Age? _____ T-Shirt size _____

School Name (if applicable) _____

Phone _____ Alternate Phone # _____

Email _____

Note: Email is our main contact for you. Please check it often.

Have you volunteered in other community organizations? Yes No

If Yes, Name of Organization _____ City _____ ST _____

Please give a short explanation of why you would like to volunteer:

Do you need Community Service hours for School, Church, etc.? List name of organization or leader.

Volunteer Activities: (Please check all activities you would like to participate in)

- | | |
|---|--|
| <input type="checkbox"/> Buddy to a Player | <input type="checkbox"/> Leader of Exercise/Stretches/Laps |
| <input type="checkbox"/> Coach—Adults Only | <input type="checkbox"/> Assistant Coach—Teenagers |
| <input type="checkbox"/> Experience As <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Player H.S./Rec Team |
| <input type="checkbox"/> Computer Work | <input type="checkbox"/> Photo Volunteer |
| <input type="checkbox"/> Bench Monitors | <input type="checkbox"/> Sibling Supervisor |
| <input type="checkbox"/> Equipment Manager | <input type="checkbox"/> Any where needed |

BB Pals USE: Date _____ Volunteer Activity Assigned: _____

By: _____

If Buddy to a Player, Player name: _____