



## Chili Soccer Association Volunteer/Board Position Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

1. Desired Volunteer Position: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  
3<sup>rd</sup> choice \_\_\_\_\_

2. Previous employment/experience in the desired area:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Education or training obtained in the desired area:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Computer knowledge/ skills? \_\_\_\_\_

5. Participation / Experience in soccer:  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you coached in this sport? (yes) \_\_\_\_\_ (no) \_\_\_\_\_  
If so, what club/league? \_\_\_\_\_

7. Are you risk management approved? (yes) \_\_\_\_\_ (no) \_\_\_\_\_

8. REFERENCES:

	Name	Email address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The Board will review applications at the meeting following its receipt. Applicants will be asked to attend a Board meeting as part of the application process.

Please send to Chili Soccer Association, Attn: Secretary, PO Box 109, North Chili, NY 14514 or [chili.tournament.zah@gmail.com](mailto:chili.tournament.zah@gmail.com)