

**MARYLAND SOCCER FOUNDATION**  
**Application for Student Service Learning Hours**

DATE OF APPLICATION: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

**PERSONAL INFORMATION**

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Last Name	First	Middle Initial
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Home Address	City	State	Zip
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Phone: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**VOLUNTEER INFORMATION**

**Positions interested in:** (Circle all that apply)

Office Assistant    Park Aide (outdoors)    Event assistant    Birthday Party Referee

How were you referred to the Maryland Soccer Foundation? \_\_\_\_\_

When would you be available to begin volunteering? \_\_\_\_\_

Would you be willing to volunteer:

- |                   |                              |                             |             |                              |                             |
|-------------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|
| a) Evenings       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | b) Weekends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Early Mornings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | d) Outdoors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How many hours per week, would you be available to volunteer? \_\_\_\_\_

**EDUCATION AND TRAINING**

**Type of School: (Please Circle)**    Middle School    High School

**Grade: (Please Circle)**    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

**Name of School** \_\_\_\_\_

**Location of School** \_\_\_\_\_

Have you been convicted of a felony in the past five years?    YES    NO

**BUSINESS OR PROFESSIONAL REFERENCES**

Name	Years Known	Occupation	Address	Phone

Please include any other information you think would be helpful: activities, accomplishments, etc

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