



## VOLUNTEER APPLICATION

Date of Application \_\_\_\_\_

### Contact Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Interested in Volunteering (Please Check Options)

COACHING YOUTH SPORTS

SCOREKEEPING

CAMP ROSEMEAD

SPECIAL EVENTS

START SMART SPORTS

OTHER: \_\_\_\_\_

I authorize and give consent to the City of Rosemead to obtain information regarding myself in connection with my volunteer coaching application.

Printed name: \_\_\_\_\_

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