

# DIXON SOCCER CLUB



## VOLUNTEER REGISTRATION FORM



Circle the appropriate position(s) you will volunteer for

**OFFICER      COACH      ASS. COACH      MANAGER      CONCESSIONS**

**Season =    FALL            INDOOR            SPRING            Year = 20\_\_\_\_\_**

It is mandatory that DSC adhere to the "Risk Management Policy" of the NC Youth Soccer Association. The information requested here (submitted by you) shall be reviewed by our Risk Management Officer for approval of the Executive Board. Upon approval of such each season, you will then be instructed to submit (or not) confidential information to NCYSA for final approval. The background checks are updated every two (2) years. Please accurately complete the following.

**NAME** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** (\_\_\_\_) \_\_\_\_\_ **CELL** (\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **CITY** \_\_\_\_\_

**Living at present residence for how long?** \_\_\_\_\_yr(s) \_\_\_\_\_mth(s)

**Do you have a child participating?**    Y    N    **What age group?**    U \_\_\_\_\_

**Would you consider a position with a team other than your child's team?**    Y    N

**If you would, please indicate age group and gender preference, i.e.;** U10B or U12G

**1<sup>st</sup> CHOICE** \_\_\_\_\_ **2<sup>nd</sup> CHOICE** \_\_\_\_\_

**Have you ever been a "youth sports Coach" before ?**    Y    N

**If "Y", please indicate where, when and age & gender of the children you coached;**

1) \_\_\_\_\_

2) \_\_\_\_\_

*I, \_\_\_\_\_, understand that my selection or rejection is based on the background check mandated by the NCYSA, and approval by the Dixon Soccer Club. I understand and accept that the Dixon Soccer Club must adhere to and apply policies and rules set forth by the NCYSA to maintain its "Member in Good Standing" status with the state association, NCYSA.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

MAIL TO;  
Dixon Soccer Club, P.O. Box 205, Sneads Ferry, NC 28454