

APPLICATION

ATHLETIC VOLUNTEER

PERSONAL INFORMATION

Name _____
Last First Middle

Present Mailing Address _____ Tel. _____
(include Zip Code) (include Area Code)

Permanent Mailing Address _____ Tel. _____
(include Zip Code) (include Area Code)
Cell _____

Which sport would you like to volunteer? _____

EDUCATION

<i>Name and Location of School</i>	<i>Nature of Studies</i>		<i>Did You Graduate?</i>	
High School				

<i>Name and Location of School</i>	<i>Dates Attended</i>	<i>Nature of Studies</i>	<i>Degree</i>	<i>Date Granted</i>
College (Undergraduate)*				
College (Graduate)*				
Vocational/Technical/Trade*				

* Provide copy of transcripts

WORK EXPERIENCE

List most recent experience first.

<i>Dates Employed</i>	<i>Employer's Name & Address</i>	<i>Specific Nature of Position</i>	<i>Reason for Leaving</i>

ATHLETIC EXPERIENCE

<i>Organization Name & Address</i>	<i>Specific Nature of Position</i>	<i>Term</i>

SKILLS

What skills can you provide to the sport to assist the coach?

REFERENCES

three individuals having personal knowledge of your professional training, ability, experience, and personal character. Include the name, address, and telephone number of your supervisor who we may contact for a personal or professional reference.

<i>Name</i>	<i>Position</i>	<i>Address & Telephone</i>

Please return completed application to:

Holland Patent Athletic Office

Holland Patent Central School District

9601 Main Street

Holland Patent, NY 13354

Telephone (315) 865-7283

FAX (315) 865-7293

EQUAL OPPORTUNITY EMPLOYER