



Central Islip Soccer Club

Volunteer Registration

VOLUNTEER NAME _____

ADDRESS: _____

CITY: _____ STATE: NY ZIPCODE: _____

PHONE HOME: _____ CELL: _____

EMAIL: _____ (**REQUIRED**)

I want to volunteer as: _____

Do you have a child playing in the club? _____

How old is the child? _____

COACH NAME: _____ TEAM NAME: _____

I, _____ understand that as a volunteer of the **Central Islip Soccer Club**, I will not be paid for my services. All my effort as a volunteer is to help the club grow by providing its services to the children of the Central Islip community. **All volunteers of the Central Islip Soccer Club are subject to a background screening by the club's affiliates.** This process is to help bring a safe environment and to protect the children.

Signature: _____

Date: _____