



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with us! As a charitable nonprofit organization, Heart of the City relies on the generous support of community volunteers like you to help us level the playing field for youth in our community. We couldn't do it without you!

DATE _____

Contact Information:

NAME _____ D.O.B. _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

EMPLOYER _____ POSITION _____

EMERGENCY CONTACT #1 _____ PHONE _____

EMERGENCY CONTACT #2 _____ PHONE _____

Availability

- | | |
|---|---|
| <input type="checkbox"/> WEEKDAY MORNINGS | <input type="checkbox"/> WEEKEND MORNINGS |
| <input type="checkbox"/> WEEKDAY AFTERNOONS | <input type="checkbox"/> WEEKEND AFTERNOONS |
| <input type="checkbox"/> WEEKDAY EVENINGS | <input type="checkbox"/> WEEKEND EVENINGS |

Interests

- | | | |
|---|--|--------|
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> SOCCER PROGRAMS | OTHER: |
| <input type="checkbox"/> EVENTS | <input type="checkbox"/> TUTORING | |

Qualifications

Any special skills or qualifications that you feel would benefit our organization?

Please mail this form to Heart of the City, PO Box 356, Waukegan, IL 60079
or email to our Administrative Manager at nicole@hotsoccer.org