RCYSC Peer Training/Mentorship Volunteer Application Form

The volunteer based RCYSC Mentorship program provides players at the U15-U18 levels an opportunity earn volunteer hours required for secondary school programs while enhancing the learning experience for players at the U6-U8 levels.

***Royal City Youth Soccer is online at* www.rcysc.com**

Name: Last Name, First Name **Birthdate:** YYYY | MM | DD

Address: Apt | Street | City

Phone # (h): ( )

Phone # (c): ( )

Gender: M | F

Email:

Parent / Guardian: Last Name, First Name **Ph:** ( )

School Attending: **Grade:**

Name of Counselor or Coordinator:

Soccer Experience

	(circle one)			
Are you registered with RCYSC for the upcoming season?	Y	N		
What age group are you registered for?	U15	U16	U17	U18
How many years have you played soccer?	< 2	2 - 4	5 - 7	7+
What is the name of your last coach?				
Have you ever coached soccer before?	Y	N		
Have you participated in the mentorship program before?	Y	N		
If you answered Yes to the previous question, when did you participate?	YYYY			

Previous Volunteering Experience

Please list up to 2 organizations or clubs you've volunteered with in the past 12 months and a contact if possible.

Organization Name	When you started	Contact
Organization Name	YYYY-MM	Contact
Organization Name	YYYY-MM	Contact

References - Please Provide 3

References must have know you for at least two years. At least two of your references must be 19 years old or older. References can be any of the following but are not limited to: An employer, a volunteer supervisor, a teacher, or a coach. A character reference is anyone other than a family member who knows you well. It could be a longtime teammate, a close friend or your doctor. Please provide FULL contact information for each reference and indicate the best way for us to contact them (by email or phone). Please contact your references to let them know we will are likely to follow up with them.

Name: Last Name, First Name **Relationship:** Employer, Coach, Other

Address: Apt | Street | City

Phone #: ( ) **Email:**

Name: Last Name, First Name **Relationship:** Employer, Coach, Other

Address: Apt | Street | City

Phone #: ( ) **Email:**

Name: Last Name, First Name **Relationship:** Employer, Coach, Other

Address: Apt | Street | City

Phone #: ( ) **Email:**

Signatures of Consent

I acknowledge and accept that this application does not guarantee acceptance into the Volunteer Peer Training/Mentorship program, that Royal City Youth Soccer is under no obligation to accept or assign me as a volunteer in their program, and that they are not obliged to provide a reason. I understand this application and subsequent information in my file is the property of Royal City Youth Soccer. I understand that I can be removed from the program at any time for reasons including, but not limited to: The interest of the safety and/or security of the younger children, lack of commitment, or dangerous conduct. I understand that I can reapply in writing to be readmitted into the program should I be removed from the program at any point. I understand that if I am removed and not readmitted, I will only receive credit for the actual hours volunteered and no further hours will be available to earn until the following season. I understand that Royal City Youth Soccer can contact the Principal, School Liaison and/or Counselor regarding my participation in this program. I hereby authorize Royal City Youth Soccer to contact any or all of the references and agencies listed herein for the purposes of processing my application to become a volunteer in the program. I understand that these references and agencies will be contacted in confidence. In the event I am injured or suffer any short-term or long-term physical harm, I release Royal City Youth Soccer Club, its organizers, promoters, instructors, and participants from any and all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care. I also authorize Royal City Youth Soccer Club to obtain medical assistance as needed should it be required. As the applicants are minors, it is required that this application be reviewed by the applicant's parent/guardian and should be understood by both the applicant and the parent/guardian. By signing below, the implication is that the applicant and the parent/guardian have fully read and understand the details of the Mentorship program and consent to participation under free will and without duress.

Applicant's Signature: **Date:** YYYY | MM | DD

Parent/Guardian's Signature: **Date:** YYYY | MM | DD

Printed Name: **Relationship:**

For Royal City Youth Soccer Club Use Only:

Received By: Last Name, First Name **Date Received:** YYYY | MM | DD

Accepted Y | N* See Notes **Age Group:** U6 U7 U8 **Gender:** M | F

Coach: **Email:**

Notes: