



VOLUNTEER APPLICATION

Last Name	First Name	Middle Initial
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Mailing Address

City	State	Zip Code
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Mobile Phone	Work	Email
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Requesting Position: _____
(Fundraising, Team Manager, Operations Committee, Serving on the Board of Directors)

Requesting Team	Age-Group	Gender
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Emergency Contact Information (Relative or Friend):

Name	Relationship	Mobile Phone
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I, applicant give permission for Oregon Futbol Academy to run a background check during the review process to volunteer. I agree to complete concussion protocol training and obtain a first aid/cpr certification prior to the start of duties as necessary in the capacity of participation.

Signature

Date