



Rockledge Soccer Club Volunteer Form

Name: _____
Last Name First Name Middle Initial

Phones: _____
Home Work Mobile

Address: _____

City: _____ Zip _____

Email Address _____

Volunteer Positions

- _____ Concession Stand (NO children allowed)
- _____ Field Maintenance
- _____ Field Marshal
- _____ Registration
- _____ Coach
- _____ Assistant Coach
- _____ Team Manager
- _____ Picture Day
- _____ Other/Open

Number the choices listed to the left 1-3 for your 1st through 3rd choice of preferred volunteer position. Please note that these are **just** preferences, and we will try to honor them, but we also have the right to place you in an area which needs the most help.

You **must** full fill your volunteer hours (2 per family) or there will be a fine assessed to the next season's registration.

Volunteer OPT OUT

You can **opt-out** of the volunteer hours by paying \$25.00 to the club. If you wish to **opt-out** please make your check payable to: **Rockledge Soccer Club**

_____ I wish to OPT-OUT of volunteer Hours

Payment of \$25.00 was made on ___/___/___ with Check # _____

Signature of Registration personnel: _____