

Mississippi Coast Special Needs Soccer Association
Volunteer Form www.mcsnsa.org TOPSoccer

Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Date of Birth _____ T-Shirt Size (adult): Sm Med Lg XL XXL

Email Address _____@_____

_____ **I will be** able to attend Tuesday evening practices on a regular basis. (6:30-7:30 pm)
_____ **I will not** be able to attend Tuesday evening practices *every* week, due to a prior commitment.

_____ **I will be** able to attend Saturday morning games on a regular basis. (10:30-11:30)
_____ **I will not** be able to attend Saturday morning games *every* week, due to a prior commitment.

As a volunteer, I am interested in:

_____ Coaching games and practices (must be able to attend both weekly sessions regularly)

OR

_____ Assisting the coach with the team and the one-on-one needs of the players

_____ Referee the games Any experience? _____ Hold Referee License? _____

_____ Help hand out snacks and drinks to players as they leave practices and games

_____ Monitor gate (only entrance/exit to field areas) to assist in player safety

_____ Help work special events (such as TOPSoccer booth/display at Information fairs;
TOPSoccer demonstration games; volunteer on behalf of TOPS at fundraising events)

Other Talents/Abilities: _____

Have you ever worked with people who have special needs? YES / NO

If yes, circle which age range: Preschoolers Children Youth/Teens Adults

In what capacity, and for approximately how long? _____

Are you a student? Grade Level _____ School _____

Do you need volunteer hours reported to someone at school club, civic org., work? YES / NO

If yes, NAME of person to be notified: _____

Their EMAIL: _____@_____

*For the safety of our players, all volunteers 18 years and older, will be required to file **KIDSAFE**. This is a confidential background check required by and performed by the Mississippi Soccer Association.

*All volunteers will be expected to conduct themselves in a manner that is respectful to the players and to the players’ families.
Each volunteer will be given a **TOPSoccer volunteer T-shirt**, which is to be worn for each practice and for each game. Volunteers must be dressed appropriately for playing soccer (wear athletic shoes), and for their roles of leadership (no tank tops, no T-shirts tied short around the waist, and no short shorts).

*MS Coast Special Needs Soccer Assoc. will host a **Volunteer Clinic**, *which all volunteers are encouraged to attend*. We will discuss the most common special needs/disabilities that we see in our league, and ways to better assist the players. We will also have a brief field session covering basic soccer skills. There is no cost, and food will be provided.

Volunteer’s Signature _____

Date _____

Photographic Release

With this release, I hereby give my permission for use of photographs taken by the Mississippi Coast Special Needs Soccer Association, in advertising or promotion.

It is my understanding that these photographs will be used in accordance with the highest standards of good taste and advertising ethics, and in consideration of this, I do hereby relinquish ownership and assume full responsibility for any and all repercussions resulting from the publication of any photographs.

Volunteer’s Signature _____

Parent/Guardian signature required
if applicant is under 18 years of age _____

Parent/Guardian’s printed name _____

Date _____

Allen Pilcher, President
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