



Antilleans Football Club
7749 Normandy Blvd. Ste. #145-114, Jacksonville, FL 32221 ● (904) 699-7690
Volunteer Registration Form

Full Name:

Address: City/State/Zip

Telephone: Email:

Gender: Male Female T-shirt size: S M L XL XXL

Occupation:

Volunteer availability: Setup 9:00-10:00 Clinic 10:00-2:00 Break Down 2:00-3:00

Volunteer location: Registration Booth Soccer Field First Aid Floater

Please list volunteer event/s:

SKILLS & EXPERIENCE

Special training, skills, hobbies

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of the conviction and disposition.

REFERENCES

Please list two people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Organization Name	Relationship to You	Length of Relationship	Telephone

I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Antilleans Football Club, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Antilleans Football Club, Inc. or my termination as a volunteer.

Signature _____

Date _____