

## CJLAX Volunteer Application Form

### Contact Information

Name		Home Phone	
Address		Business Phone	
City		Mobile Phone	
State		email	
ZIP			

### Special Professional Training, Skill, Hobbies:


### Previous Volunteer Experience

Year(s)	Activity

**US Lacrosse Member:**    **N**        **Y**        (enter member number) \_\_\_\_\_  
**Rutgers Safety Certified:** **N**        **Y**        **NYSCA Certified:**    **N**        **Y**  
**CPR/AED Certified:**        **N**        **Y**        **Concussion Training:** **N**        **Y**

### In which of the following would you like to participate (check all applicable)

<input type="checkbox"/> League Official	<input type="checkbox"/> Score Keeper
<input type="checkbox"/> Coach: Head Assistant (circle one)	<input type="checkbox"/> Fund Raiser
<input type="checkbox"/> Referee	<input type="checkbox"/> Scorekeeper/Timekeeper
<input type="checkbox"/> Photographer	<input type="checkbox"/> Writer

Please list three references, at least one of whom has knowledge of your participation as a program volunteer:

Name	Phone #	Association	Checked

My signature indicates that I have read and agree to abide by the Central Jersey Lacrosse Volunteer Policies.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approving League Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and mail to : Steve Shinnars  
106 Coachman Dr N  
Freehold, NJ 07728

Or scan and email to: cj lax2001@gmail.com