



WAUKESHA UNITED SOCCER CLUB (WUSC)

Volunteer Form

Coach Asst. Coach General Help

Name: _____ Male Female

Address: _____
House Number & Street Apt City State ZIP

Telephone: _____ Availability: _____

E-Mail Address: _____

If interested in COACHING please check which age group you are interested in:

- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> U6 | <input type="checkbox"/> U7 | <input type="checkbox"/> U8 | <input type="checkbox"/> U9 | <input type="checkbox"/> U10 |
| <input type="checkbox"/> U11 | <input type="checkbox"/> U12 | <input type="checkbox"/> U13 | <input type="checkbox"/> U14 | <input type="checkbox"/> U15 |
| <input type="checkbox"/> U16 | <input type="checkbox"/> U17 | <input type="checkbox"/> U18 | | |

If currently licensed, please state level of license: _____

Willing to get licensed? Yes No

If a parent, name of the child on the team: _____