



FLORIDA COMETS BASKETBALL

A non-profit 501C (3) Community Service Organization

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Coaching/Parent Volunteer Application

Contact Information

Name: _____ Gender: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Telephone: _____ Cell Telephone: _____
E-mail address: _____ Work Telephone: _____

Tell us which area(s) you are interested in volunteering:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Basketball Operations | <input type="checkbox"/> Player Recruitment | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Fundraising & Events | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Marketing & Awareness | <input type="checkbox"/> Travel and Accommodations | |

Special Skills or Qualifications:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports: _____

Previous Coaching Experience:

Summarize your previous volunteer experience. _____

Person to notify in case of emergency:

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Home Telephone: _____
Work Telephone: _____ Cellular Telephone: _____

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and accurate. I understand that if I am accepted as a volunteer, any false statement(s), omission(s), or other misrepresentation(s) made by me on this application may result in immediate dismissal.

Print Name: _____ Signature: _____ Date: _____

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.