

PLEASE READ THE FAQs ABOUT COACHING AND THE INFORMATION BELOW BEFORE SUBMITTING A VOLUNTEER APPLICATION.

1. **If you are unwilling to provide your social security number, which is mandatory for a background check to be performed, please do not submit a volunteer application.** If you have recently coached another youth sports program in Hillsborough County and have valid coach certification, please include it on the application. **Full time law enforcement officers may attach ID to avoid background check.**
2. A clear **photocopy of the applicant's driver's license must be included with the application.**
3. All U5 – U12 coaches AND assistants must complete and/or have valid coach certification in order for the application to be approved. This is mandatory per our contract with the county—refer to the Coaches' Corner for details.
4. Only U5 – U12 coaches and assistants may request to coach together. This is restricted to one reciprocal request per team (i.e. Head Coach may only request one Assistant). Please ensure both volunteers requesting to coach together are in the same age division.
5. If you are volunteering to be a MiniWee Assistant, please check the appropriate box on the WSA Volunteer form if you anticipate coaching an older age group (e.g. U5, U6), when your child progresses in the league.
6. Only one MiniWee Assistant will be assigned to a MiniWee Team (volunteers may not request to “assist” together). It is expected that the MiniWee Assistant will be available for ALL FIVE sessions—which are held on Saturdays only. If you do not have a flexible schedule, please let us know when you submit your application that you may have scheduling conflicts.
7. WSA will pay the background check fee for its volunteers. The only condition is that the volunteer immediately reimburse WSA for the background check fee and/or ID badge costs if they rescind/withdraw their offer to be a coach/assistant. Volunteers must return the WSA Badge immediate upon completion of their volunteer commitment—this is a safety requirement.
8. Deadline for receipt of application is the Final Registration date published on the Teams & Schedules page of the website. Volunteer Applications, along with a copy of the applicant's driver's license, may be submitted to WSA as follows:
--drop off during any Registration opportunity
--email to volunteers@westchasesoccer.org
9. Please review the completed application for missing information to help reduce our administrative workload.



WSA Coach/Assistant/Referee VOLUNTEER APPLICATION

Copy of Driver's License Attached
(Required for background check)

**** Full time law enforcement officers may attach ID to avoid background check. ****

Last Name:		First Name:		Middle Name:	
Race:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)		Social Security Number (mandatory) :	
Street Address:			City:	State:	Zip Code:
Primary Phone Number:		Alternate Phone Number:		Email Address(es):	
THIS VOLUNTEER APPLICATION CONFIRMS MY AGREEMENT TO BE A:				Jersey Size:	Coach Certification #:
<input type="checkbox"/> MiniWee Assistant Coach for ALL FIVE SESSIONS during the season. (The PDO will be the Head Coach of the MiniWee Team.) <input type="checkbox"/> I anticipate coaching a U5/U6 team when my child progresses in the league.		<input type="checkbox"/> U5-U12 HEAD COACH <input type="checkbox"/> U5-U12 Assistant Coach <input type="checkbox"/> Referee (U7 - U12)*			Expires:
Name of Child to Coach/Assist (i.e. list your child's name here):			Indicate Age Group (Please verify to ensure accuracy):		
			<input type="checkbox"/> MiniWee <input type="checkbox"/> U5 <input type="checkbox"/> U6 <input type="checkbox"/> U7 <input type="checkbox"/> U8 <input type="checkbox"/> U10 <input type="checkbox"/> U12		
I would like to coach with the following volunteer: _____ in a U5-U12 program and I understand that Westchase Soccer (WSA) will do its best to honor this request but it is not guaranteed. I acknowledge that this is also contingent on the requested individual submitting a fully completed volunteer application and the requested individual's eligibility must be approved by Hillsborough County and WSA. I further acknowledge that the Head Coach may only request ONE Assistant and requests to coach together must be reciprocal.					
*REFEREES - PLEASE COMPLETE SECTION BELOW:					
I volunteer to REFEREE the following age group(s): <input type="checkbox"/> U7 <input type="checkbox"/> U8 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> No preference					

WAIVER, CONSENT AND RELEASE OF LIABILITIES: I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks). I hereby release and agree to hold harmless Westchase Soccer Association (WSA) and its officers, employees and volunteers and any person or organization that provides information for or to WSA concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with WSA. If accepted as a WSA volunteer, I hereby agree to abide by the WSA rules, regulations, policies and philosophies, and all decisions and directions of the Board of Directors and I understand that I may be removed as a WSA volunteer at any time with or without cause.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: For myself, and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in soccer necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. In consideration of accepting this application and permitting my voluntary participation in WSA programs, for myself and on behalf of my heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless WSA, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by WSA and the agents, employees, officers and directors of said person or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to me or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any WSA-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I acknowledge that WSA is primarily administered by volunteers rather than paid professionals. I agree the terms and conditions hereof shall apply to all of my volunteer participation in WSA, regardless of the year or season in which such participation takes place, unless superseded by a new volunteer application. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the WSA Soccer Accident Insurance Plan and either I have read and understand the terms or I will do so before I volunteer. For both internal and external use, I acknowledge that WSA may compile and use addresses and soccer photographs of me and I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THE WAIVER, CONSENT AND RELEASE OF LIABILITY THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE, I AGREE TO INFORM WSA IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES OR I AM ARRESTED OR GUILTY OF A DISQUALIFYING OFFENSE. I AGREE TO RETURN THE WSA ID BADGE ISSUED TO ME IMMEDIATELY UPON COMPLETION OF MY VOLUNTEER COMMITMENT AND WILL REIMBURSE WSA FOR ANY AND ALL COSTS ASSOCIATED WITH MY FAILURE TO COMPLY WITH THIS MANDATORY SAFETY REQUIREMENT.

Signature of Applicant: _____ Date: _____