



*Bringing lacrosse to the city and the city to lacrosse.*

PO Box 590385  
San Francisco, CA 94159  
415.706.8177  
www.lacrosseforlife.org

**EMPLOYMENT/VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Social Security #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

US Lacrosse Membership #: \_\_\_\_\_ (if applicable)

I am interested in the following (check all that apply):

Coaching       Mentoring/Tutoring       Recruitment

Fundraising       Field Trips       Clinics & Camps

I am available (check all that apply):

Weekends only       Weekdays       Evenings       Weekends +

My experience with lacrosse is:

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My experience working with young people is:

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My experience or interest in working with people from diverse backgrounds is:

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Lacrosse for LIFE is a 501(c)(3) not for profit organization. To contribute to this program, a tax-deductible donation can be made to: *Lacrosse for LIFE* and mailed to the above address.  
Thank you for your support.



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Other skills/interests of mine that I offer:

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**EDUCATIONAL BACKGROUND**

Please fill in your current and most recent information. If you are in high school, fill out HS & Middle School. If you are in college, fill out College & HS.

	School Name	Dates of Attendance	Date of Completion
Middle School			
High School			
College			
Post - College			
Military or Other			

**REFERENCES:**

Please give two (2) references whom we may contact, one of them must NOT be related:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

How does this person know you?  
 \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

How does this person know you?  
 \_\_\_\_\_

I hereby certify that all of the above information is true. By signing this application, I understand that I am applying to work with Lacrosse for LIFE, a non-profit organization. I also understand and agree that as my primary work will be with children, in accordance with California and San Francisco law, a background check will be conducted based on my social security number, State ID number and/or fingerprints and that Lacrosse for LIFE reserves the right to refrain from accepting my application at its discretion and may terminate the relationship with me at any time.

Printed Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_

Date: \_\_\_\_\_