

Tahoe City Public Utility District P. O. Box 5249 Tahoe City, California 96145 Ph. (530) 583-3440 Fax (530) 583-1475

VOLUNTEER APPLICATION

INSTRUCTIONS

- Please print or type and sign the application. The application is not valid unless signed.
- All questions on this application must be completed.
- All Supplemental Documents must be completed.
- Deliver application to TCPUD at 221 Fairway Dr., Tahoe City, CA; mail to P.O. Box 5249, Tahoe City, CA 96145; fax to 530-583-1475; or email to dspringsteel@tcpud.org.

Volunteer Name						
First Nai	me, Middle Name, Last Name					
Mailing Address						
PO Box/	Street Address, City, State, Zip					
Home Phone	Cell Phone		_E-mail			
Driver's License # and S	tate of Issuance		Social Security	#		
Please indicate preferre	ed Sport:					
O Basketball	O Baseball	O Softball	O Other			
Please indicate:						
O Head Coach	O Assistant Coach	O Age Level	O Age Level/Division Requested			
What is your probabilit	y of attending?					
Practices	O All	O Most	O Some (half)	O Few (1/3)		
Games	O All	O Most	O Some (half)	O Few (1/3)		
Tournaments	O All	O Most	O Some (half)	O Few (1/3)		
Do you have a Coaching Certification?			O Yes	O No		
Have you coached previously?			O Yes	O No		
If so; please indicat	e when, where and at wh	at level in space	below.			
Have you played the sp	ort you are requesting?	O Yes	O No			
If so; please indicat	e when, where and at wh	at level in space	below.			

What is your coaching ph O Winning Please expand in space	O Having Fun	O Discipline	O Teac	hing Teamwork			
Are you willing to take direction from the Recreation Supervisor?			O Yes	O No			
Have you had First Aid Tr	O Yes	O No					
Are you willing to enforce Coaches, Players and Par	O Yes	O No					
Do you have any relative If yes, state name(s)	OYes	O No					
Have you ever filed an ap If yes, provide date(s	O Yes	O No					
Have you previously been If yes, state date(s) or		O No v.					
Explanatory Information for Above:							

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I hereby authorize the Tahoe City Public Utility District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application. I further understand that I will be required to be fingerprinted at no cost to me prior to appointment to this volunteer position.

Signature of Applicant_

Date _____