Sacramento Asian Sports Foundation

9040 High Tech Court Elk Grove, CA 95758 Phone: 916-391-6000 sasfrentals@gmail.com



SASF Volunteer Application

Today's Date:					
Name					
First:	Middle:		Last:		
Nickname:	Birthdate:	/	/		□ Male □ Female
Address					
Street:		Cit	ty:		ZIP:
Phone Number Information					
Home:	Cell:			Email:	
	<u> </u>				
Emergency Contact Informatio	n				
Name:					
Relationship:		Ph	one Number:		
References					
Name:	Phone:			Email:	
Name:	Phone:			Email:	
	·				
Driver's License Information					
Name as it appears on Driver's	License:	1			
Driver's License #:		Ex	piration Date:		
Community Service Requireme					
# of hours needed:	Grade level:		School:		

Authorization and Agreement:

I do hereby declare that all information given and statements made herein and in conjunction with this application are true; and if accepted, any information discovered to be false in grounds for termination. I also consent to have all information checked and give my permission to any and all persons contacted to release any related information requested in connection with this volunteer application, and I agree not to hold any such person or company liable for the information that they give out.

Print Name:	
Signature:	Date:
I have read and understood the attached info	ormation. (Please initial)
Parental Consent Required (If Under Age 18):	
I authorize my child to participate in the SASF Volungood health to perform duties that will be assigned. a TB screening to be conducted. In addition, I consepermission to any and all persons contacted to releating volunteer application, and I agree not to hold an that they give out.	I understand that some volunteer positions require nt to have all information checked and I give my ase any information requested in connection with
Print Name:	
Parent/Legal Guardian Signature:	Date:
I have read and understood the attached info	ormation. (Please initial)