



**WORK PROGRAM
APPLICATION FORM**

Team Name: _____ Player Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Mobile Phone: _____

Email Address: _____ Secondary Email Address: _____

Are you comfortable working with money? Yes No

Are you comfortable handling food? Yes No

Do you want your installments adjusted to the program? Yes No

List any additional family members and/or friends which may be participating in the work program in order to earn work credit to be applied to the above mentioned player account:

My signature indicates my agreement with the following:

I am volunteering to help with Austin Junior Volleyball and Austin Sport Center activities and I am in no way indicating that I am an employee of Austin Junior Volleyball or Austin Sports Center.

My reason for volunteering is to earn account credit in order to assist with paying club dues. I understand that any work credit earned will be applied to the last invoice on my account first and will continue to be applied to the farthest outstanding balance until such time as the work credits earned are applied to the current outstanding balance. I also understand that while I am participating in the work program I am still responsible for paying the monthly dues on my account in full by the due date designated each month.

I understand that work credit opportunities will be dependent upon the total number of participants signed up for the work credit program, the position(s) available to work considering my age and ability to complete the work assigned and any conflicts with tournaments that my team may be playing. I also understand that Austin Junior Volleyball and Austin Sports Center fulfill staffing needs based on commitments from work program participants. **If I am unable to meet my work program commitment and I fail to provide 24 hour notice to Austin Junior Volleyball or Austin Sports Center I understand that I will immediately be removed from the work program and will consequently forfeit participation in any future work program opportunities.**

Parent or Guardian Signature: _____