



Individual Volunteer Application Form

www.derugbyfoundation.com/volunteers.html Email: chris@derugbyfoundation.org

Delaware Rugby Foundation
PO Box 654
Hockessin, DE 19707

Name _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Email address: _____

Will you be volunteering to fulfill a service requirement? Yes No
If so, for what group/organization? _____ Hours required _____

OBJECTIVE for volunteering with the Delaware Rugby Foundation is: _____

COMMITMENT I am interested in:

Short-Term Project ___ 1-2 Hours ___ 1/2 Day ___ 1 Day ___ Several Days
On-going Partnership ___ Weekly ___ Monthly ___ Several times per year
___ Entire project

CONSIDERATIONS (please check all that apply and explain)

Age Physical Health Mobility Other

Please Explain: _____

AVAILABILITY: Please indicate the best day(s) and time(s) for you

Mon Tues Wed Thurs Fri Sat Sun **OR**
 Any Weekday Any Weekend AM Only PM Only **OR**
Specific Date(s) _____ Specific Time(s) _____

SKILLS & INTERESTS (please rank top 5 categories, #1 being most interesting to you/your group)

___ U-14 Coed non-contact counselor ___ Former Player
___ U-16 Boys rugby coach ___ Special Events
___ U-16 Girls rugby coach ___ Referee
___ U-19 Boys rugby coach ___ Field Preparation/Maintenance
___ U-19 Girls rugby coach ___ DRF Office
___ College Club coach ___ Youth League Management/Admin

LOCATION ARE WHERE YOU WOULD MOST LIKE TO VOLUNTEER (Please check all that apply)

New Castle: Wilmington Hockessin Newark New Castle
Kent: Dover Middletown
Sussex: Cape Henlopen
Other: _____

Have you ever been convicted of a felony or Class A Misdemeanor Yes No

If yes, please explain: _____