

Student volunteer Contact Information Form

Name: _____
 Address: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____
 School: _____ Grade: _____ Graduation Class: _____

Parents/Guardians: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

I am interested in volunteering at LPAA in the following capacities:

Assistant Coaching:

Refereeing:

Time Keeper:

Score books:

LPAA will make an effort to accommodate the preferences checked above, but specified work is not guaranteed. Students will be asked to assist as necessary to support the program

Please check here if your are using LPAA basketball as you Graduation project:

Student Advisor's Name: _____
 Phone: _____
 Cell Phone: _____
 Email: _____

I'm available on the following day and time during the LPAA season

Mondays 6pm - 9pm

Tuesdays 6pm - 9pm

Wednesdays 6pm - 9 pm

Thursdays 6pm - 9pm

Saturdays 9am- 4pm
