**Player name:** _____

# CHARGERS SC VOLUNTEER HOURS LOG (2019-20)

As a non-profit youth soccer club with 2,500 players, much of the success of our club is attributable to great volunteers like you. Throughout each season there are various volunteer opportunities for parents and older teenages.

***"Volunteers don't get paid, not because they're worthless, but because they're priceless."*** **Sherry Anderson**

For Charger U9-U19 Competitive Players, to have your $100.00 volunteer fee (per player) refunded to you, all you need to do is volunteer a minimum of 10 hours (per player) for the club, document those hours on this log & submit to Leslie@ChargersSoccer.com. This form is also to be used for all DA players & Scholarship Grant recipients to document your required volunteer hours (for no reimbursement).

**Each time you sign up for a volunteer event, take this form with you.** Fill in the Event Date, Name and your start and end times and have the Chargers staff person associated with that event sign your form confirming you met the volunteer task time & expectations. Chargers staff signatures are required for your hours to count.

| Event Date | Event Name | Location | Start Time | End Time | Total Time | Chargers Staff Signature |
|---|---|---|---|---|---|---|
| *Example:* | | | | | | |
| *10/15/2016* | *CDL Game Concessions* | *30th Street* | *12:00* | *1:20* | *1 hr, 20 min* | *Kathleen Shelton* |
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TOTAL _____

**Once you reach 10 Total hours (per player), email or mail the form to Leslie Kaylor at Leslie@ChargersSoccer.com or mail to Chargers Soccer Club, PO Box 47026, Tampa, FL 33646 and, once verified, your funds will be directed as completed below.**

**Check below:**

_____ My child has received a scholarship, and I would like the volunteer hours applied to the scholarship requirements.

_____ I would like the volunteer fee reimbursement applied to my next payment of registration fees.

_____ I am curent on my Extended Payment Plan for registration fees and would like the volunteer fee reimbursement applied to my team fees.

_____ My registration fees and team fees are paid in full, and I would like a check for my volunteer fee reimbursement.

Your Child's Name & Team Name: _____

Your Name: _____

Your Postal Mailing Address: _____

Your Email Address: _____

**Thank you!! We Love Our Chargers Volunteers!!**