Wolverines Sport Medicine Team
Manager Application

PLEASE PRINT

Personal Information

First Name……

Last Name……..

Address……

……..

City/State/Zip……

Phone……..

Email……..

Gender (please check one): Male☐ Female☐

Physical Limitations (please check one): ☐No ☐Yes If yes, please explain

……

……

Volunteer Availability (please circle ALL that apply)

Monday Tuesday Wednesday Thursday Friday

Days per week: 1 2 3 4 5

Education/Volunteer/Clubs

What grade are you in? .....

List previous volunteer experience……...

……

List afternoon obligations/clubs……

……

Transportation (how will you get to and from your assignment)

Public Trans. Walk Bus/Van Taxi/Uber/Lyft Car Parents

In case of an emergency, please notify:

First Name……Last Name……

Telephone……Relationship……

……

Student Signature Date

……

Parent Signature Date