



# BRADENTON GLADIATORS FOOTBALL, INC.

P.O. Box 2276, Oneco, FL 34264-2276, (941) 320-7576

www.bradentongladiators.com

## Volunteer Form

Instructions: All applicants are required to complete this form to be eligible for participation with Bradenton Gladiators Football, Inc. All the information on this form must be completed by type or printed in ink. The final determination of eligibility will be made once the completed form is received and/or the applicant is evaluated in accordance with the best interest of the Organization.

### I. GENERAL INFORMATION

Name (First, MI, Last): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Circle Days Available for Practice (6:30-8:30):  M T W T R F Sat Sun

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### II. PROFILE

High School Name: \_\_\_\_\_ High School City & State: \_\_\_\_\_

College Name: \_\_\_\_\_ College City & State: \_\_\_\_\_

Other: \_\_\_\_\_ Other City & State: \_\_\_\_\_  
(Minor League, Semi-Pro, Pro Team)

### III. POSITION (Please check desired position)

#### **Coaching Positions**

- |                                       |   |  |   |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Quarterback  | <input type="checkbox"/> Special Teams  | <input type="checkbox"/> Offensive Coordinator | <input type="checkbox"/> Offensive Line |
| <input type="checkbox"/> Running Back | <input type="checkbox"/> Linebacker     | <input type="checkbox"/> Defensive Coordinator | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Receiver     | <input type="checkbox"/> Defensive Back | <input type="checkbox"/> Defensive Line        | _____                                   |

#### **Administrative and Other Positions**

- |                                      |   |   |                                       |
|--------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Commentator | <input type="checkbox"/> Statistician     | <input type="checkbox"/> Field Management   | <input type="checkbox"/> Office Staff |
| <input type="checkbox"/> Chain Crew  | <input type="checkbox"/> Trainer          | <input type="checkbox"/> Gate Administrator | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Ball Boy    | <input type="checkbox"/> Equipment Manger | <input type="checkbox"/> Concessions Staff  | _____                                 |

Relevant Experience (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Certification**

I certify that have not knowingly withheld any facts in completing this form. It is further agreed that any misrepresentation by me in this form will be sufficient cause for terminating my relationship with the organization. I authorize Bradenton Gladiators Football, Inc. to conduct an investigation of the contents of this form and will not hold anyone liable who supplies information.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

White - Personnel File

Yellow - Accounting

Pink - Applicant