



Player name: \_\_\_\_\_

**CHARGERS SC - COMPETITIVE  
VOLUNTEER HOURS LOG FORM (2023 - 2024)**

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 teenagers.

***“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 and submit to [Leslie@ChargersSoccer.com](mailto:Leslie@ChargersSoccer.com). This form is also to be used for all Scholarship Grant recipients to document your required volunteer hours (for no reimbursement). NOTE: Players in age groups without a volunteer fee are not entitled to 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 and 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
<i>Example:</i>						
10/15/2023	CDL Game Concessions	30th Street	12:00	1:20	1 hr, 20 min	Leslie Kaylor

TOTAL \_\_\_\_\_

Once you reach 10 Total hours (per player), email or mail the signed form to Leslie Kaylor at [Leslie@ChargersSoccer.com](mailto:Leslie@ChargersSoccer.com) or mail to Chargers Soccer Club, Post Office Box 7963, Clearwater, Florida 33758 and, once verified, your funds will be directed as completed below.

**Check below:**

- \_\_\_\_\_ My child has received a scholarship and I know that my volunteer hours are applied to Scholarship Requirements first.
- \_\_\_\_\_ I would like the volunteer fee reimbursement applied to my next payment of registration fees.
- \_\_\_\_\_ I am current 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!**