Player name: _____

# CHARGERS SOCCER CLUB
# VOLUNTEER HOURS LOG FORM (2026 - 2027)

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 Chargers Players whose registration fees included a volunteer fee reimbursement, you are able to have that $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 the Log to 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 who did not pay a volunteer fee as a part of their registration fees 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 |
|---|---|---|---|---|---|---|
| *Example:* | | | | | | |
| *10/15/2023* | *CDL Game Concessions* | *30th Street* | *12:00* | *1:20* | *1 hr, 20 min* | *Leslie Kaylor* |
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TOTAL _____

**Once you reach 10 Total hours (per player), email the signed form to Leslie Kaylor at 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 for the season, 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!**