

# E3 Volleyball Club

2025-2026 Season

## Work Program Application Form

This form must be signed and returned **along with the Financial Assistance Application & Agreement** to the E3 Volleyball Accounting Team.

**Deadline: August 31, 2025**

Forms can be emailed to: infoE3VB@gmail.com

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**Team Name:** \_\_\_\_\_

**Player Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

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

**Secondary Email Address:** \_\_\_\_\_

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**Would you like your monthly installments adjusted to reflect expected work credits?**

Yes       No

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### Additional Work Program Participants

List any family members or friends (age 15+) who may participate in the Work Program on behalf of the player:

1. \_\_\_\_\_
  2. \_\_\_\_\_
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## Agreement

By signing below, I confirm the following:

- I am volunteering to help with **E3 Volleyball** events and facility operations.
- I understand I am **not an employee** of E3 Volleyball.
- My reason for volunteering is to **earn account credit** to reduce club dues.
- Work credit earned will be applied first to the **last invoice** on the player's account and continue to reduce the farthest outstanding balance.
- I am still responsible for **making monthly payments** on time through my LeagueApps account.
- I understand that work opportunities depend on available positions, age/skill suitability, and potential tournament conflicts.
- If I fail to provide **at least 24-hour notice** before missing a scheduled shift, I will be **removed from the program** and will no longer be eligible to participate in future work program opportunities.

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**Parent or Guardian Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_