

Southeast Wisconsin Christian Homeschool Athletics

Board Member Application Form

Please print all information

Name: _____ Age: _____
Employer: _____ Occupation: _____
Home Phone #: _____ Business Phone #: _____
E-Mail Address: _____ Cell Phone #: _____
Address: _____
Position Desired: _____

Reason for wanting to work with SWCHA Saints program:

Experience working with other youth programs, church programs, or sports programs:

Please list your previous involvement with the SWCHA Saints program:

Other Qualifications:

Has there ever been any disciplinary action taken against you by any youth programs? If so, please explain.

Do you currently have a child or children in the SWCHA Saints program?

Yes _____ No _____

Sport(s) _____ Grade Level(s) _____

Please mail completed form to:
3279 N. 95 St. Milwaukee, WI 53222

(Sept. 2009)