

Austin Junior Volleyball
2024-2025 Season
Work Program Application Form

This agreement needs to be signed and returned along with the Scholarship Grant Application & Agreement form to [the AJV Accounting Department NO LATER THAN February 28, 2025.](#)

You may email the form(s) to clubacct@austinjuniors.com

Team Name: _____ Player Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Mobile Phone: _____

Email Address: _____ Secondary Email Address: _____

Do you want your installments adjusted to the program? Yes No

List any additional family members and/or friends which may be participating in the work program to earn work credit to be applied to the above-mentioned player account:

My signature indicates my agreement with the following:

I am volunteering to help with Austin Junior Volleyball and Austin Sport Center activities, and I am in no way indicating that I am an employee of Austin Junior Volleyball or Austin Sports Center.

My reason for volunteering is to earn account credit to help pay club fees. I understand that any work credit earned will be applied to the last invoice on my account first and will continue to be applied to the farthest outstanding balance until such time as the work credits earned are exhausted. I also understand that while I am participating in the work program, I am still responsible for paying the monthly dues on my account in full by the due date designated each month.

I understand that work credit opportunities will be dependent upon the total number of participants signed up for the work program, the position(s) available to work considering my age and ability to complete the work assigned, and any conflicts with tournaments for which my team may be participating. I also understand that Austin Junior Volleyball and Austin Sports Center fulfill staffing needs based on commitments from work program participants. **If I am unable to meet my work program commitment and I fail to provide 24-hour notice to Austin Junior Volleyball or Austin Sports Center, I understand that I will immediately be removed from the work program and will consequently forfeit participation in any future work program opportunities.**

Parent or Guardian Signature: _____

Date Signed: _____