HOBE SOUND RAVENS

Team Manager/ Mom Questionnaire

Personal Information

Full Name: _____

E-Mail Address: _____

Phone Number: _____

Team Manager/ Mom Preferences

Preferred Age Division: Circle One: 6U 8U 9U 10U 11U 12U 13U 14U

Team Manager/ Mom Experience:

Have you ever Volunteered TM for Hobe Sound Ravens Football? Circle One: Yes / No

How many season have you been a TM: _____

Have you volunteered as Team Manager/ Mom in other youth football leagues? Circle One: Yes / No

- **Self-Assessment**

Please Rate the Following: (5 being the Highest)

1. Your knowledge of the Hobe Sound Ravens Spring Rules: 1 2 3 4 5

2. The importance of communication: 1 2 3 4 5

3. The importance of Good Sportsmanship: 1 2 3 4 5

4. The importance of shaping young people's behavior patterns regardless of circumstances: 1 2 3 4 5

5. Willingness to be actively involved in Volunteer work as a TM (Concession, Home games, sideline, practices and educating parents): 1 2 3 4 5

Commitment and Agreement

- **Team Manager Code of Conduct:**

I agree that if I am approved as a Team Manager/ Mom, I am responsible for knowing, understanding, communicating to others, and abiding by the Team Manager/ Mom rules as set forth by Hobe Sound Ravens. Initials: _____

- **Application Understanding:**

I understand that I am not guaranteed to get a Team Manager position based on this application or any subsequent interview. Initials: _____

- **Background Check Requirement:**

I understand that if selected, I will be required to adhere to a professional background check, and the results will be available for review by the Hobe Sound Ravens Board of Directors. Initials: _____

Applicant Signature: _____ Date: _____

Submission Deadline: Please submit the completed application to Bianca Valle Alicea, Team Mom Manger at Hobesoundravens2013@gmail.com by December 15, 2025. All TM must create a volunteer account on our website. Head Coaches must approve TM.