Indian River State College
Volleyball Recruitment Form
Mail: 3209 Virginia Ave.
Ft Pierce, FL 34891
Fax: (772) 462-7850

Personal Information

First Name: _________________________ Middle: ____ Last: ______________________
Cell Phone #: ______________________ Home Phone #: ______________________
Home Address: ____________________________________________________________
City: ____________________________ State: ____________ Zip Code: _________
Email Address: _________________________________
High School: __________________________________________________________________
Head Coach’s Name: ______________________ Contact Number: ________________
Club Team: ___________________________ Club Coach: ______________________
Club Coach Email: ______________________ Club Coach Number: ________________

Academic Information

Interested Course of Study: _________________________________________________
GPA (4.0 Scale) _____________ SAT Score: _________ ACT Score: _______
Graduation Date: ____________

Volleyball Information

Height: ________ Dominant Hand: ___ Right _____Left
Standing Reach: ________ Jump Touch: __________
Position(s) Played: __________________________________________________
Game/Skills Tape Available? ___ Yes ___No
Athletic Honors Received: ________________________________________________
______________________________________________________________________