# Gage Park Softball Association

# **Volunteer Application**

Contact Information		
Name		
Street Address		
City Postal Code		
Home Phone		
Cell Phone		
E-Mail Address		

#### **VOLUNTEER POSITION**

COACH	UMPIRE	SNACK BAR	GROUNDS CREW	
Availability				
During which hours are you available for volunteer assignments?				

Monday evenings	Tuesday evenings
Wednesday evenings	Thursday evenings
Friday evenings	Saturday and Sunday - occasionally for tournaments (F,S,S)

#### Person to Notify in Case of Emergency

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Name	
Street Address	
City Postal Code	
Home Phone	
Cell Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Would you like these hours to count toward your volunteer hours for school?

\_\_\_\_\_Yes \_\_\_\_\_No