



Volunteer Application 2016-2017

Applicant's Name (print)

Date of Birth

Address

City

County

Zip Code

()

Phone #

Best time to be reached:

☐

Day

☐

Evening

Email Address

Area(s) of Interest for Volunteering:

☐

Concession Stand

☐

Graphic Design

☐

Postgame Cleanup

☐

Videographer

☐

Mentoring

☐

Social Media

☐

Refereeing

☐

Other

The WNYYMBL requires all members and volunteers to be upstanding role models for our youth. Please list at least **two** character references.

1.

Reference Name (print)

Email

Phone

2.

Reference Name (print)

Email

Phone

The WNYYMBL relies heavily on the help of dedicated volunteers and community members like you to keep our organization going. We would like to thank you for being flexible and ready to work hard. We hope that you have fun and know that you are directly impacting the lives of our youth.

In signing this, you confirm that you are 18 years or older and agree to cooperate with league policies.

Signature

Date