



# Volunteer Application 2016-2017

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Applicant's Name (print)

Date of Birth

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Address

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City

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County

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Zip Code

(        )  
Phone #

Best time to be reached:

Day  
 Evening

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Email Address

**Area(s) of Interest for Volunteering:**

<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Postgame Cleanup	<input type="checkbox"/> Videographer
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Social Media
<input type="checkbox"/> Refereeing	<input type="checkbox"/> 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.

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Signature

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Date