



Volunteer Application 2016-2017

For Office Use ONLY

Approved Not Approved

Checked References

Director's Initials: _____

Applicant's Name (print)

Date of Birth

Address

Apt/Ste

City

County

Zip Code

(_____) _____

Phone

Best time to be reached: Day Evening

Referred by anyone affiliated with the league?

No

Yes. Who? _____

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

Please email this form to wnyymbl@gmail.com.