



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: <input type="radio"/> Day <input type="radio"/> Evening	
Email Address _____	Referred by anyone affiliated with the league? <input type="radio"/> No <input type="radio"/> Yes. Who? _____	

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.

_____	_____
Signature	Date

Please email this form to wnyymbl@gmail.com.