Sandown Youth Baseball / Softball Volunteer Application

Name:		Date:			
	Cell				
Email Address:	mail Address:Occupation:				
Address:					
	nal Training, skills, hobbies:				
Community Affili	ation (clubs, service organizati	ons, etc)			
	er Experience: Year:				
	all/softball) Year:				
Do you hold any	membership in NYSCA (Nation		_	○ No	
Do you have a ch	ild in the program? ○ Yes	○ No, If yes, what level?	·		
	ion, i.e. CPR, Medical, etc	=			
	lid Driver's License Yes				
	rrested for or convicted of a cr			∩ No	
•	cribe:				
, , ,					
	In which of the following ways w	ould you like to participate?	(check all that apply)		
Board of Directors		Coa	ching Positions		
President	○ Treasurer		○ T Ball ○ Farm ○ Trip	ole A	
O Vice President	○ Secretary			be Ruth	
○ T Ball	O Babe Ruth		O Softball (Age Group)	
	○ Softball		○ Head Coach ○ Asst. Co	oach	
○ Triple A	○ Farm				
Other Positions:	Concession Stand Manager	Equipment Manager	Groundskeeper		
Comments:					
I give permission for th	e Sandown Youth Baseball/Softball Asso	ciation to conduct background che	ecks on me that may include a revie	w of criminal and	
	intained by governmental agencies. I ui		•	•	
	tion on my background. I hereby release s, employees and volunteers thereof, or			-	
	tion of my term, I am subject to suspens				
	at least 2 General membership meetings				
Applicant:		r.	nto:		
Applicant.	 Signature	Di	ate:	_	
	Jigitataic				

The Sandown Baseball/Softball Association will not discriminate regardless of race, color, creed, sex, sexual preference or national origin or will not deny participation due to financial consideration.