

VOLUNTEER REGISTRATION FORM



**All Volunteers must complete
VOLUNTEER ASSIGNMENT/BACKGROUND RELEASE FORM*
and successfully pass screening
prior to receiving Volunteer Assignment.**
**Form available online or by calling (417) 837-5808.*

Thank you for interest in volunteering with
The Betty and Bobby Allison Miracle League Ball Field.

Please complete this form and FAX to: (417) 837-5905 or mail to:
The Betty and Bobby Allison Miracle League Ball Field
301 E. Talmage Springfield, MO 65803

A confirmation letter will be sent with volunteer assignment, along with all necessary information, directions, etc.

If you have any questions, call (417) 837-5808

Name _____ Birth date _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Shirt Size: Adult _____ Youth _____

ER Contact Name/Relation: _____ ER Contact Phone (____) _____

Have you previously volunteered with Miracle League? _____ NO _____ YES, as _____ (job/duty)

I have _____ years of experience with: _____ baseball _____ youth sports _____ individuals with disabilities

Other qualifications and/or certifications _____

How did you hear about this program? _____

IF UNDER 18 - _____ (parent/guardian) give permission for _____ (child) to assist
as volunteer with The Miracle League for the _____ season.

Parent/Guardian Phone: _____

(Parent/Guardian signature)

***Session Available: Fall _____ Spring _____**

Please indicate area of interest (full job descriptions available)

_____ **BUDDY** - assists player on the field!

_____ **COACH** - coordinates the team!

_____ **ASSISTANT COACH** - works with Coach to coordinate the team!

_____ **TEAM PARENT** - works with Coaches!

_____ **FIELD ASSISTANT** - works with Staff and Coaches throughout the game!

_____ **ANNOUNCER** - introduces players, calls plays of the game. Enthusiasm required!

All Volunteers are to check in at Ball Field 20-30 minutes prior to scheduled game time to receive instructions.

Volunteers should wear designated shirt and nametag. Remember sun protection (sunglasses, hat, sunscreen, etc).

Office use only: Date received: __/__/__ Contacted: __/__/__ by _____ Screening: __/__/__ Notice sent: __/__/__ by: _____
Placement: _____ Team: _____