



CARSON GIRLS SOFTBALL - VOLUNTEER



P.O. Box 47 • Carson City • NV • 89702 • www.carsongirlssoftball.com

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Position(s) Requested: Board Member Head Coach Assistant Coach Team Parent

Division(s) Requested: League - 5U 6U 8U 10U 12U 14U 16U

Sharks - 8U 10U 12U 14U 16U

Player Name(s): _____

How long have you lived in the area? _____ years

If less than two years give prior address: _____

Local References: Name: _____ Phone: _____

Name: _____ Phone: _____

Driver's License: State: _____ Number: _____

Date of birth: _____

Past youth sport/activity experience:

Year	Sport/Activity	Age Group	Organization Name	City, State

Applicants will be subject to a background check. All statements made on this application, are accurate to the best of my knowledge, and if information is found to be inaccurate, I understand this application will not be considered.

Signature **X** _____ Date: _____

For Official Use:

References checked: ____ Yes ____ No

Background Check Complete: ____ Yes ____ No

Authorized to volunteer: ____ Yes ____ No

Authorized by: _____ Date: _____