



## Windsor Central Little League Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Shirt Size \_\_\_\_\_

Special Professional Training, Skills and Hobbies: \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

\_\_\_\_\_

Do you have children in the Windsor Central Little League Program: \_\_\_\_ Yes \_\_\_\_ No?

If Yes, at what Level: \_\_\_\_\_

In which of the following would you like to participate:

\_\_\_\_ House League Manager \_\_\_\_ House League Coach \_\_\_\_ Umpire

\_\_\_\_ Building and Grounds \_\_\_\_ Concession \_\_\_\_ Another Volunteer \_\_\_\_\_

Please list a minimum of two references that we may contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that the information I have provided may be verified by contacting persons or organizations that may have information pertaining to me. I hereby release and agree to hold harmless any person or organization that may provide information. I also hold harmless Windsor

Central Little League and the Officer and Volunteers thereof. In signing this application, I affirm that the information I have given is true and correct.

Signature of Applicant \_\_\_\_\_ : Date: \_\_\_\_\_