

# **Volunteer Application Form For Participants under 18yrs**

Please return to: Miracle League of Arizona 11130 East Cholla Street, Suite #I-110 Scottsdale, AZ 85259 Or FAX to (480) 668-3827 Or email to alex.mackay@mlaz.org

All information will be held strictly confidential. PLEASE PRINT CLEARLY

Have you ever volunteered with the Miracle League of Arizona before? (please check one)
[] Yes [] No [] No, but I have volunteered at another Miracle League
Name: (First, Middle, Last)
Date: E-mail Address:
Age:Date of Birth: (mm/dd/yyyy):
Sex: Male [] Female []
Address:
City: State: Zip Code:
Phone number to be reached at:
Shirt Size: Youth S [ ] Youth M [ ] Youth L [ ]
Adult S [ ] Adult M [ ] Adult L [ ] Adult XL [ ] Adult 2XL [ ]
School at which you're attending:
Name of Parent(s)/Legal Guardian(s):
Phone number they can be reached at:

Parent/Legal Guardian Address (if different tha	n above):		
Do you have certification in the following?			
[] CPR [] First Aid [] Other			
Do you have experience working with individu	als with special needs? Yes [] No []		
If yes, please explain:			
Please describe why you would like to volunte	er at the Miracle League of Arizona:		
We often take photographs at our games for our materials. Do we have your permission to photographs	, , , , , , , , , , , , , , , , , , ,		
Yes	No		
At which of our games would you like to volunteer?  Saturday 9:00-10:00am (athletes 4-7yrs)  Saturday 10:15am-11:15am (athletes 8-10yrs)  Saturday 11:30am-12:30pm (athletes 11-17yrs)  Saturday 12:45-1:45pm (athletes 18 and up)  Saturday 2:00-3:15pm (Competitive Division, 10 and up)  Tuesday 5:30-6:15pm (athletes 4-7 yrs)  Tuesday 6:30-7:15pm (athletes 8-10 yrs)  Tuesday 7:30-8:15pm (athletes 11 and up)  Wednesday 5:30-7:45pm (Competitive Division, 10 and up)  Thursdays 6:00-7:00pm (Competitive Division, ages 5-13)			

## EMERGENCY CONTACT INFORMATION

Who should we contact in the case of an Emergency? (Other than Parents/Legal Guardians)

Name	Relation:		
Phone:	Address:		
For players 16 years and older PERSONAL REFERENCES (Only one relative and one former employer permitted)			
1. Name:	Relationship:		
Address:	Phone:		
2. Name:	Relationship:		
Address:	Phone:		

THE FOLLOWING ARE THE POLICIES AND EXPECTATIONS SPECIFIC TO THE MIRACLE LEAGUE OF ARIZONA. PLEASE READ THEM CAREFULLY AND ENSURE THAT EACH COMPONENT IS UNDERSTOOD AND AGREED WITH. (These will be gone over again and in more detail at the Training and Orientation Sessions, where you will have the opportunity to express any questions or concerns)

### MLAZ BEHAVIOR POLICY

- ➤ Kindness, consideration and courteous behavior is appreciated and expected
  - > Treat every guest, volunteer and staff member with respect
    - > Respect facility property and property of others

## The following is considered as disrespect to guest, volunteers and staff members:

-Verbal abuse -profanity/threats -Intimidation -Bullying -Harassment -Unsportsmanlike or Disorderly Conduct -Solicitation -Interruptions -Violation of Law -Threatening or jeopardizing the health, safety and/or well-being of others

#### RESPONSIBILITES AND EXPECTATIONS FOR VOLUNTEERS/BUDDIES

• Wear your buddy shirt and appropriate shoes and clothing for the activity

- Unless approved otherwise or of relation to a player, should be 10 years of age
- Encouragement and Enthusiasm
- Arrive 15 minutes early to greet players
- 1 buddy per player only, unless asked otherwise by Coach
- Once paired up with an athlete, warm up with players throwing, catching, hitting
- Emphasize safety of their players on the field and in dugout area
- Encourage the player to do as much as he/she can, help with the rest
- Ask for help from your coaches or other experienced buddies if you're not sure what to do in a situation
- Stay with player until retrieved by parents (except bathroom) ...
- For restroom needs, notify the Team Mom/Dad or dugout coach to find parent/caregiver
- Never be alone with a player (out of view)
- Report concerns to coaches
- Call (480)686-8137 or email alex.mackay@mlaz.org if you need to miss a game

By signing my name, I hereby signify that all the forgoing information is true and correct to the best of my knowledge. I also signify that all the above policies, responsibilities and expectations have been read, understood, and I agree to follow them to the best of my capability.

(Printed Name of Participant)	(Signature)	(Date)
(Printed name of Parent/Legal Guardian)	(Signature)	(Date)