



Volunteer Application Form For Participants over 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: _____

Shirt Size: Adult S Adult M Adult L Adult XL Adult 2XL

Occupation: _____

Company: _____ Number of years working there: _____

Do you have certification in the following?

CPR First Aid Other _____

Do you have experience working with individuals with special needs? Yes No

If yes, please explain: _____

Please describe why you would like to volunteer at the Miracle League of Arizona:

We often take photographs at our games for our website, social media, and promotional materials. Do we have your permission to photograph you? (Circle one)

Yes

No

What role would you like to volunteer in for our League? (please check or mark with an 'x')

- Coach (requires at least one season of participation) Buddy Umpire
 Announcing Running the scoreboard Wherever I am needed

At which of our games would you like to volunteer?

- Saturday 9:00-10:00am (athletes ages 4-7)
- Saturday 10:15am-11:15am (athletes ages 8-10)
- Saturday 11:30am-12:30pm (athletes ages 11-17)
- Saturday 12:45-1:45pm (athletes ages 18 and up)
- Saturday 2:00-3:15pm (Competitive Division, athletes ages 10 and up)
- Tuesday 5:30-6:15pm (athletes ages 4-10)
- Tuesday 6:30-7:15pm (athletes ages 11- and up)
- Wednesday 5:30-7:45pm (Competitive Division, athletes ages 10 and up)
- Thursdays 6:00-7:00pm (Competitive Division, athletes ages 5-13)

RECORD OF EDUCATION OR TRAINING

High School: _____ Date of Graduation: _____

College: _____ Date of Graduation: _____

Other: _____ Date of Graduation: _____

Other: _____ Date of Graduation: _____

EMERGENCY CONTACT INFORMATION

Who should we contact in the case of an Emergency?

Name _____ Relation: _____

Phone: _____ Address: _____

Have you ever been convicted for a criminal offense? Yes No

Have you ever been arrested for sexual molestation? Yes No

Do you authorize us to do a legal background check? Yes No

If YES, please download and complete the separate Background Check Disclosure and Release of Information Authorization Document. (Please note, document CANNOT be stapled together with Volunteer Application Form.)

If NO, please explain why: _____

PERSONAL REFERENCES (Only one relative and one former employer permitted)

1. Name: _____ Relationship: _____

Email: _____ Phone: _____

2. Name: _____ Relationship: _____

Email: _____ Phone: _____

ADDITIONAL SKILLS OR COMMENTS?

Is there any other information you can provide us with that may prove beneficial for our application process and volunteer placement procedures? For example, are you bilingual in a language that might prove useful with our players? Have you had any additional

training that would help equip our team to be the most successful and efficient as possible?

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

RESPONSIBILITIES 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 are unable to attend 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)
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(Printed name of Parent/Legal Guardian)	(Signature)	(Date)
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