

Denville PAL Girls Softball
PARENT VOLUNTEER FORM

PLEASE PRINT CLEARLY - ALL FIELDS MUST BE FILLED OUT FOR BOARD CONSIDERATION.

VOLUNTEER INFORMATION:

VOLUNTEER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

PRIMARY E-MAIL: _____

SECONDARY E-MAIL: _____

HAVE YOU VOLUNTEERED FOR OUR ORGANIZATION BEFORE: YES NO

IF YES, in what capacity did you previously volunteer:

MANAGER/COACH ASSISTANT COACH TEAM PARENT BOARD MEMBER

OTHER (Please Specify): _____

Please specify the year(s) that you have volunteered for PAL Girls Softball: _____

Are you Rutgers Certified: YES NO Have you had a background check in the past 3 years: YES NO

If you are Rutgers certified, please attach a copy of your Rutgers Card as required. If you have not been Rutgers certified, you will be contacted with dates of the next available training class and you will be required to attend prior to the start of the season.

RELATIONSHIP TO PLAYER:

PARENT SIBLING OTHER FAMILY MEMBER NOT RELATED TO PLAYER

If you have a relation to a player, list player(s) name(s): _____

PLEASE TELL US HOW YOU WOULD LIKE TO VOLUNTEER TO HELP DENVILLE GIRLS SOFTBALL:

MANAGER/COACH (Recreational) ASSISTANT COACH (Recreational) Division: _____

MANAGER/COACH (Travel) ASSISTANT COACH (Travel) Age Group: _____

TEAM PARENT BOARD MEMBER OTHER

IF OTHER, please specify: _____

Volunteer's Signature: _____ Date: _____

Please be sure that you have filled out the form completely. Once completed, please mail to:

Denville PAL Girls Softball
C/O Robin Gershaw
6 Skytop Drive
Denville, NJ 07834