



P. O. BOX 772
Chatham, VA 24531



CYL & PCGSL VOLUNTEER FORM FOR 2017

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

CELL NUMBER: _____ HOME PHONE: _____

OCCUPATION: _____

SPECIAL PROFESSIONAL TRAINING, SKILLS, HOBBIES:

COMMUNITY AFFILIATIONS: (CLUBS, SERVICE ORGANIZATIONS, ETC):

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO ANY CRIME AGAINST A CHILD?

YES: _____ NO: _____ (IF YES PLEASE EXPLAIN OR DESCRIBE THE EVENT)

HAVE YOU EVER BEEN REFUSED PARTICIPATION IN ANY OTHER YOUTH LEAGUES?

YES: _____ NO: _____ (IF YES PLEASE EXPLAIN & LIST THE NAME OF THE PROGRAM OR LEAGUE)

IN WHICH OF THE FOLLOWING WOULD YOU LIKE TO PARTICIPATE? (CHECK ONE OR MORE)

BOARD MEMBER: _____ HEAD COACH: _____ ASST. COACH: _____ FIELD MAINTENANCE: _____

PLEASE LIST THREE REFERENCES, AT LEAST ONE OF WHICH HAS KNOWLEDGE OF YOUR PARTICIPATION AS A VOLUNTEER IN A YOUTH PROGRAM: LIST NAME & CONTACT NUMBERS PLEASE:

1: _____

2: _____

3: _____

***APPLICANT SIGNATURE & DATE:**
