

# VOLUNTEER REGISTRATION FORM

The Miracle League of Johnston County

PO Box 808 Smithfield, NC 27577

919-934-0626

[www.miracleleaguejc.com](http://www.miracleleaguejc.com)

Name \_\_\_\_\_ M/F \_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

## Check Area/s of Interest

\_\_\_\_ **Buddy** ( Player Preference \_\_\_\_\_ )

\_\_\_\_ **Coaching** ( Team Coach, Field Assistant, Umpire )

\_\_\_\_ **Game Day Help** ( Registration Table, Announcer, Scoreboard, Concessions )

\_\_\_\_ **Media & Marketing** ( Fundraising, Webmaster, Advertising, Speaking )

\_\_\_\_ **Special Events** ( Opening Day, Special Olympics, Other field events )

Please list any experience you have in the areas you have selected or any experience working with children with special needs.

\_\_\_\_\_

\_\_\_\_\_

**Group Volunteers**, please list your group or organization name (i.e. church, school, club, work):

\_\_\_\_\_

**You must read and sign the release form or waiver on page 2.**

Please mail registration to:

Miracle League of Johnston County

PO Box 808

Smithfield, NC 27577

