Volunteer Registration Form (or register on-line at Baseballtown.org)



Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
I am interested in volunte	ering as a
person ages 12 and up with a physical and or cognitive cha Angel Group Leader	ng their player's safety. Angels do not need to be baseball players. Any an interest in working with and becoming friends with children with allenges is qualified to be a Dream League Angel. Tunteers who have a group that is interested in becoming an integral part
Emergency Contact Infor	mation
Name	
Home Phone	
Work Phone	
E-Mail Address	
Agreement and Signature	
volunteer of the Baseballtown organization. The work I will de	I affirm that the facts set forth in it are true and complete. I agree as a Dream League, it is my job to support the mission & purpose of this o will be worthwhile and challenging. I will respond to any situation and be ing with the Baseballtown Dream League players.
Name (printed)	
Signature	
Date	



Volunteer Release Form

Volunteer's Name:	
for me to volunteer for Baseballtown Charities and does hereby release and agree to indemnify and hoream League, and each of the officers, directors agents, successors, assigns and representatives, property damage, or any type of claim or damage	(including but not limited to attorney's fees or litigations on with participation in Dream League activities or the
I assume all risks and hazards incidental to such p	participation in Dream League games and activities.
Volunteer Signature	Date Signed