

# Information for Volunteer Application

PLEASE SUBMIT A COPY OF VALID GOVERNMENTAL  
ISSUED PHOTO IDENTIFICATION WITH THIS FORM.

Full Name: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

- \_\_\_\_\_ Manager
- \_\_\_\_\_ Coach
- \_\_\_\_\_ Team Mom
- \_\_\_\_\_ League Official
- \_\_\_\_\_ Umpire
- \_\_\_\_\_ Scorekeeper
- \_\_\_\_\_ Concession Stand
- \_\_\_\_\_ Other \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please email this information including a copy of a valid government issued photo identification to [baawein@aol.com](mailto:baawein@aol.com) or mail to Greenville Little Leagues, P.O. Box 4263, Greenville, NC 27836.

## Greenville Little Leagues Use Only

\_\_\_\_\_ Sent Email Request    \_\_\_\_\_ Completed Report    \_\_\_\_\_ ID Received

Notes: \_\_\_\_\_

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