

## **VOLUNTEER APPLICATION**



Name Home Address	Home Phone
Work Address	Work Phone
	Exp. Date
Email:	
II. AVAILABILITY (please circle all that apply)	
Day of week: M T W Th F S Sun	Time of day: Morning Afternoon Evening
III. AREAS OF INTEREST (please check all that	
I would like to work with girls who are:	Activities:
☐ Beginners	☐ Registration ☐ Photography
☐ Intermediate	☐ Snacks ☐ Mentoring
☐ Advanced	☐ Rules/etiquette ☐ Other:
☐ No preference	☐ On-course assistance
Administration	Sponsor/in-kind donations, etc.
☐ Clerical: create brochures, flyers, etc.	☐ Media
☐ Membership / registration recording	Other:
☐ Fund raising	
IV. REFERENCES	
Name:	Name:
Name:Phone:	Phone:
Phone:	Phone:
	Phone:
Phone:Relationship:	Phone: Relationship: (supervisor, teacher, etc.)
Phone:	Phone: Relationship: (supervisor, teacher, etc.)
Phone:  Relationship:  (supervisor, teacher, etc.)  I grant permission to call the references listed above  V. CONSENT FORM  I, an applicant for an LPGA-USGA Girls G	Phone: Relationship: (supervisor, teacher, etc.)  ve.  Golf site volunteer position with LPGA-USGA Girls Go
Phone:	Phone: Relationship: (supervisor, teacher, etc.)  ve.  Golf site volunteer position with LPGA-USGA Girls Gouttest that I have never been found guilty of, or entered a please
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