SAA Volunteer Application – Board and Committee Positions

SCOTTSVILLE
ATHLETIC ASSOCIATION
Est. 1997
P. O. Box 183 Scottsville NY 14546

Name: _____
Address: _____
Phone Number: _____
E-Mail: _____

I am interested in volunteering to serve on:
[ ] Board of Directors [ ] Baseball Program Committee [ ] Soccer Program Committee

Please provide a description of any leadership or volunteer experience that you have:

Are you currently serving on other boards, committees or volunteer activities? If yes, with what organization?

What skills and/or experience can you bring to this organization?

Please list the name and contact number of 3 references:

1. _____
2. _____
3. _____

I have NO legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of SAA Programs.

I Authorize:
The information that I have provided is true and correct. I understand the time commitment involved with this position, and I am willing to commit to it. I acknowledge that SAA reserves the right to perform a background check on me. This application becomes property of SAA and will be kept confidential.

Signature: _____

SAA Official Use: Date Received:_____
Date Presented To Board:_____
Director Assigned for Review: _____
Decision/Date:_____
Attending Directors:_____