

## **Volunteer Service Record**

## Spring 2026

Name:		Player name(s):		
Street:		Team(s):		
City, State, Zip:		Division(s):		
THE FOLLOWING STEPS ARE REQUIRED TO QUALIFY FOR A REFUND OF THE \$50 VOLUNTEER DEPOSIT (NO EXCEPTIONS):				
1) Complete the Abuse Awareness Training. 3) Complete and pass a Background Check. 2) Complete the online Volunteer Application. 4) Submit this Form before July 1, 2026.				
Date(s)	Job/Worked Performed		# of Hours Worked	<b>Verification Signature</b> (Board Official Only – Please print and sign)
Total Hours:				
Volunteer Signature:				As part of the below steps required to qualify for a refund of your \$50 deposit, please email a completed & signed form to:
FORMS MUST BE SUBMITTED NO LATER THAN JULY 1, 2026 IN ORDER TO BE VERIFIED & APPROVED BY LEAGUE OFFICIALS				SalemSpragueLL@gmail.com