

**SOUTHERN CALIFORNIA
USA/ASA
VOLUNTEER APPLICATION FORM**

Today's Date _____

Last Name _____

First Name _____

Address _____

City _____ Zip _____

Home Phone _____

Work Phone _____

FAX _____

How late can you be called at home at night? _____

Is your phone line separate from the rest of the family? (Not a requirement) _____

If you have a fax, is it in your computer or a separate fax machine? _____

Do you have a dedicated fax line? _____

Can you be called at work by ASA Staff only? _____

What is your background in softball? _____

If you are/were associated with a J.O. Recreation League, how long? _____ What
League? _____

City: _____

Was this an ASA League? _____ Other? _____

In what capacity were you involved? _____

Are you currently involved with a Rec League and in what capacity? _____

If you are/were associated with a J.O. Travel Team, how long? _____

What Age Group? _____

What was the Team's Name? _____

Affiliated with ASA or other? _____

In what capacity were you involved? _____

Are you currently involved with a Travel Team
and in what capacity? _____

If you are/were associated with an Adult Program, how long
and in what capacity? _____

Womens ___ Mens ___ Fastpitch ___ Slowpitch ___ Modified ___

Since you have expressed an interest in volunteering for Southern California ASA, what are some areas of
the program that you would be interested in working
with? _____

___ Adult ___ Youth ___ Travel ___ Rec ___ Umpire ___

Player Assoc. ___ Coaches Assoc. ___ Other ___

Please return to: Lorrie Ivie
Director, SoCalif Players Assoc.

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