



VOLUNTEER

NAME: _____

AGE: 12-17 _____ 18 & Over _____

Address: _____

City: _____ State: _____ Zip: _____

Work #: _____ Mobile #: _____

Email Address: _____

I AM INTERESTED IN BEING A:

Coach _____ Buddy _____ Team Parent _____ Sponsor Director _____ Fundraiser _____

Special Events Volunteer _____ Concession Help _____

I HAVE _____ YEARS EXPERIENCE WITH: Volunteer Organizations _____

Youth Sports _____ Baseball _____ People with Disabilities _____

Other special qualifications or certifications: _____

Please return this completed form to: Doug Schulte via email: hsvmiracleleague@gmail.com

Or Mail to: Miracle League of North Alabama
P.O. Box 4145
Huntsville, AL 35815

***THANK YOU VERY MUCH FOR YOUR SUPPORT OF
THE MIRACLE LEAGUE OF NORTH ALABAMA***

The Miracle League of North Alabama is a 501(c)3 non-profit organization.

The Miracle League of North Alabama * P.O. Box 4145 * Huntsville, AL 35815
www.MLHuntsville.com

