



# Dothan Miracle League Volunteer Application



For additional information please call: Clint Jones @ 334-791-1377 or James McCord @ 334-596-1642 or email dothanmiracleleague@gmail.com

Shirt Size - Youth: S M L XL      Adult: S M L XL XXL XXXL (please circle one)

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Head Coach      | <input type="checkbox"/> Press Box |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Umpire    |
| <input type="checkbox"/> Buddy           |                                    |

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Street Address City County State Zip Code

\_\_\_\_\_  
Home Phone E-mail Work or Contact Number(s)

Buddy: Are you 12 years or older:  Yes  No

Coaches: Are you over 20 years of age:  Yes  No

I would like to buddy with the same athlete as last year.  Yes  No Athlete Name: \_\_\_\_\_

I would like to be on the same teams as last year.  Yes  No Team Name: \_\_\_\_\_

How long have you been a resident in Dothan or Houston County? \_\_\_\_\_

Coaches: What experience do you have in working with the public? \_\_\_\_\_

Describe any specific skills or training that is related to the sport you are volunteering for: \_\_\_\_\_

I hereby certify that all statements made by me in this application are true and correct to the best of my knowledge. I understand that I will be subject a background check. I also understand that I must abide by the policies and rules as set by the Department of Leisure Services. I fully understand and agree to these conditions.

I agree to waive and release any rights and claims for damages against the Miracle League Association of Dothan, the City of Dothan, and Dothan Leisure Services, sponsors, employees, their representatives, and officials for all injuries arising out of participation in the program.

I certify that I am at least 20 years of age unless this document is also signed by my parent or legal guardian.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (if friend is 18 years or under) Date

**Mail Registration Form to:**

**Dothan Leisure Services,  
C/o Therapeutics  
P.O. Box 2128, Dothan, AL 36302**