

Alice Little Miss Kickball
Application for Board of Director

Name: _____

Address: _____

Telephone: _____ E-Mail _____

Occupation: _____ Working Hours _____

Position Desired on ALMK Board _____

Previous experience working with youth: (coaching, umpiring, youth organizations)

Do you currently have children playing at Alice Little Miss Kickball? _____

If yes, what divisions? _____

In what ways do you feel you would be a valuable asset to Alice Little Miss Kickball?

References:

I understand that a yearly Criminal History Background Check is required.

Initial: _____

Signature

Date