

BOARD MEMBER APPLICATION

PERSONAL INFORMATION

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Can we call you at work? Yes No

Fax phone: _____ E-mail: _____

Social Security No. _____ Alaska Drivers License No. _____ Expires _____

BUSINESS INFORMATION

Occupation: _____

Employer: _____

Would your employer consider sponsoring a team (\$300 for the 1999 season)? Yes No

SKILLS AND EDUCATION

Please check the skills and/or talents you could contribute to the Gastineau Channel Little League (check all that apply):

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Accounting/bookkeeping | <input type="checkbox"/> Management | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing | <input type="checkbox"/> Knowledge of services |
| <input type="checkbox"/> Fund raising | <input type="checkbox"/> Education | <input type="checkbox"/> Knowledge of sports |
| <input type="checkbox"/> Community relations | <input type="checkbox"/> Planning | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Facilitation | |

requested by granting agencies. The information also provides additional information about you that may be useful when new projects and/or ideas are discussed.

On what other boards do you or have you served on?

What charitable and/or community activities and organizations are you or have you been part of?

Why do you want to serve on the Gastineau Channel Little League Board?

BOARD POSITION(S) AND/OR COMMITTEE(S) YOU ARE INTERESTED IN

Board Positions

- | | | |
|--|--|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice President – Baseball | <input type="checkbox"/> Vice President – Softball |
| <input type="checkbox"/> Secretary/Publicity | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Equipment/Safety |
| <input type="checkbox"/> Personnel | | |

Committees

- | | | |
|---|---|--|
| <input type="checkbox"/> Umpire Committee | <input type="checkbox"/> District Committee | <input type="checkbox"/> Auxiliary Committee |
| <input type="checkbox"/> Auditing Committee | <input type="checkbox"/> Minor League Committee | |

AGREEMENT

- I affirm that all information made on or in connection with this application is true and complete to the best of my knowledge and belief, and I have not knowingly withheld any fact or circumstance.
- I authorize my references to release to the GCLL Board any information they may have regarding my character . I release them from any damage or claim for furnishing this information.
- I agree to hold harmless Little League Baseball, Inc., Gastineau Channel Little League, and the officers and volunteers thereof.
- I understand that I may be required to supply a current copy of my criminal record (“interested person report”) to the GCLL. I understand that I will be reimbursed the cost of this report.