



# ***VOLUNTEER***

## ***Miracle League of North Alabama***

Name: \_\_\_\_\_

Age:  Adult  Youth

Mailing Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C/W): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I AM INTERESTED IN BEING A:

- COACH     BUDDY     Team Parent     Concession Help  
 Special Events Volunteer     Sponsor Director     Fundraiser

*(Buddies must be at least 12 years of age)*

I HAVE \_\_\_\_ YEARS EXPERIENCE WITH:

- Youth sports \_\_\_\_     Baseball \_\_\_\_  
 People with Disabilities \_\_\_\_     Volunteer Organizations \_\_\_\_

OTHER SPECIAL QUALIFICATIONS OR CERTIFICATIONS:

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

Please return this completed form to:

Miracle League  
Attn: Johnny Franklin, President  
13038 Astalot Drive  
Huntsville, AL 35803

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