



## Special Member Application Form

Name: \_\_\_\_\_  
First MI Last as well as MAIDEN NAME

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

Phone # \_\_\_\_\_ Cellphone \_\_\_\_\_ Work \_\_\_\_\_

Areas of Interest of Volunteering as/in:

Coaching Concession Stand Committee Fundraising Committee

Sponsorship Committee Other: \_\_\_\_\_

Reasons for Volunteering:  
\_\_\_\_\_

Time of Volunteering: MM/YYYY \_\_\_\_\_ to MM/YYYY \_\_\_\_\_

Consent to a background check? YES or NO

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

ONCE COMPLETED EMAIL TO: hgslpresident@gmail.com

President: \_\_\_\_\_ Date \_\_\_\_\_

Board of Direction 2/3 Vote Date: