



The Peoria Diamond Club provides ticketing and volunteer operational services at the Peoria Sports Complex for the City of Peoria, San Diego Padres, and the Seattle Mariners. Our mission is to raise funds for northwest valley youth charities and organizations through extensive volunteer efforts. We are dedicated to supporting the many wonderful community programs that educate and enrich our children's lives while enhancing their futures.

ANNUAL VOLUNTEER APPLICATION

2012 Spring Training for the San Diego Padres and Seattle Mariners

*****PLEASE PRINT*****

Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

If this is your 1st year with the Peoria Diamond Club, check here: _____ If not, start year _____

If a namebadge is needed: Preferred Name: _____

What is your original home town? _____

Please indicate your preferences (1st, 2nd, 3rd) for a work area if a position is available:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Check in | <input type="checkbox"/> Office | <input type="checkbox"/> Replacement Pool | <input type="checkbox"/> VIP Deck |
| <input type="checkbox"/> Guest Services/
Wheelchairs/Greeters | <input type="checkbox"/> Parking | <input type="checkbox"/> Ticket Taker | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Money Counter | <input type="checkbox"/> Speed Pitch | <input type="checkbox"/> Transport Cart Driver | |
| <input type="checkbox"/> Red Shirt Room/Lunch Lounge/Auction Table | <input type="checkbox"/> Will Call/Ticket Services | <input type="checkbox"/> Usher/Pregame Prep | |
| | | <input type="checkbox"/> Scorecard Sales/Side Practice Fields | |

Emergency Medical Information:

Past Medical History: _____

Medications: _____

Allergies to Medications: _____

Job Restrictions (ie, need to be off feet, may walk only a short distance, not be in the sun, etc.)

If so, please list here: _____

In case of an emergency, please list the name and phone number of contact person:

Name: _____ Phone: _____

I will be able to volunteer a minimum of 4 hours for 8 days. (Cart drivers minimum of 12 days)

Your Signature below confirms that, as a volunteer, you will follow the policies and procedures of the Peoria Diamond Club.

Signature: _____ Date: _____

Please submit completed application to:

Peoria Diamond Club

16101 N. 83rd Ave, Suite 2

Peoria, AZ 85382

Phone: 623-773-8710 Fax: 623-773-8744

info@peoriadiamondclub.org

see other side for schedule