

## CGLL Parent Volunteer Hours Contract 2022

*Parent Volunteers* – College Glen Little League (CGLL) needs more than registration dollars to operate efficiently and effectively. Family involvement is essential for the success of this league. Parent participation helps keep registration reasonable and helps create a community building atmosphere.

Every family is required to donate time at a minimum of one CGLL event. This requirement is per family, not per player, and can be achieved through the efforts of multiple family members (parents, grandparents, older siblings 14+ years old with CG approval, etc.). This **does not** include your mandatory snack bar shift (one snack bar shift per player) that will be assigned to each team.

Documentation of volunteer hours will be kept assuring compliance. The parent/guardian of the player will be required to check the box agreeing that failure to complete volunteer hours will result in forfeiture of the \$100 per family volunteer deposit. Please keep in mind, the league is not looking to collect your volunteer deposit but rather needs your volunteer time to ensure the season runs smoothly.

Here are the ways you can fulfill your volunteer obligation:

Complete assigned Snack Bar shift as assigned by each team; **and** sign up for one of the following events:

- Field Work Days (Saturday, January 29 and Saturday, March 11)
- Opening Day set-up, parade and ceremony (Saturday, March 12)
- Picture Day (Sunday, April 18)
- Home Run Derby (Sunday, April 18)
- Crab Feed clean-up (Saturday, April 24)
- End of the Year Celebration (Saturday, May 21)
- Fireworks Booth (June 28 through July 4)
- D5 All Stars or tournament snack bar duties (various dates)

*Volunteer positions will be filled on a first come first served basis and spots are limited for each event, so come out early to our "Document Days" to increase your chances of getting your first choice of events!*

I, the undersigned, agree to complete my volunteer hours and understand consequences for not fulfilling my obligation.

\_\_\_\_\_

**Player Name(s)**

\_\_\_\_\_

**Parent/Guardian Name**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Parent/Guardian Contact number**

\_\_\_\_\_

**Parent/Guardian Email Address**

\_\_\_\_\_

**Date**

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***Form of Payment (this section to be completed by a CGLL representative):***

Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount Received \_\_\_\_\_

Ck # \_\_\_\_\_ Received by \_\_\_\_\_