



VOLUNTEER AGREEMENT FORM

For League Use ONLY	
_____ Hours completed	YES NO
Check # _____	
Check Disposition: Deposited	
Returned	Shredded

The Inver Grove Heights Softball Federation (IGHSF) is a non-profit organization operated entirely by volunteers. To ensure the continued success of the IGHSF, each family is required to provide a minimum of 6 hours of volunteer work per family registered to play. If financial aid was requested, the amount of hours is doubled to 12.

A \$250 deposit check **post dated 6/30/18** is required at the time of the parent meeting. Upon completion of the required volunteer hours, the deposit will be returned. If required volunteer hours are not met by the end of the 2018 summer season, checks will be deposited. Delinquent hours can be completed during Fall Ball and deposited checks will be reimbursed.

For those who choose not to complete the required volunteer hours, their deposit will be forfeited at the end of the season.

The following tasks are the ONLY tasks that will be credited towards volunteer hours:

- Board Members
- 1 Head Coach, 1 Assistant Coach and 1 Manager (per team)*
- Meat Raffle
- Concession Stand
- Field Maintenance at Tournaments and Fall Ball
- Fence Install at Tournaments and Fall Ball
- Team Sponsorship (\$250)
- Other Special Projects (as needed and as approved by the IGHSF Board)

*It is the expectation that those who choose to volunteer to be coaches, assistant coaches and managers will complete the entire season, not just the minimum required volunteer hours. Therefore, volunteer deposits checks will be returned upon the completion of the season.

Credit towards volunteer hours will NOT be given in the event of a cancellation. If a game or work party is canceled due to weather, the volunteer must make arrangements with IGHSF to schedule a different time to volunteer.

Please indicate below by circling the area(s) where you would like to volunteer:

COACH MEAT RAFFLE CONCESSION STAND FIELD MAINTENANCE/FENCE INSTALL SPONSORSHIP

Parent(s) Name: _____

Phone: _____ E-mail: _____

Child(ren) registered to play:

Name: _____ Name: _____

Name: _____ Name: _____

Total Volunteer hours to be completed (6 per family**): _____ Deposit Amount: \$ _____

I hereby agree to complete the required _____ hours of volunteer work for the Inver Grove Heights Softball Federation. I understand that failing to complete the required volunteer hours will result in my volunteer check being forfeited.

Signature of Parent/Guardian _____
Date

**Financial Aid recipients will be required to work a minimum of 12 hours

Please circle below how you would like us to process your deposit check upon completion of your volunteer hours:

DEPOSIT (DONATE TO IGHSF) SHRED RETURN (mail to): _____

Opt Out: I hereby choose to opt out of the volunteer program and would like to forfeit my volunteer deposit:

Check #: _____ Amount: _____

Signature of Parent/Guardian _____
Date