

Application for Gorham Youth Baseball / Softball Commission

Name: _____

Address: _____

Phone (home): _____ Phone (cell): _____

The Commission meets once a month throughout the year and members serve a three-year term. Do you feel you can commit the time necessary to be an active member of the Commission? _____

Please address why you want to be a Commission member?

Please address your experience in supervising, coaching, and organizing athletes (please be specific):

Please answer the following question:

“I feel the primary focus of the Gorham Youth Baseball / Softball Commission and its members is:...”

Please provide the names and contact information for two references that we can contact regarding this application:

1. _____

2. _____