

VOLUNTEER APPLICATION - RULES AND COMPETITIONS							
Name:		Dat	Date of Birth:				
Address:							
City:	State:	State:		Zip:			
Business Phone:	Home P	Home Phone:					
Email Address:		SCC			GA #:		
Club Affiliation(s):			·				
Golf Background							
How long have you been playing golf?							
Lowest Handicap Achieved:			When:				
Current Handicap:							
Do you have experience playing or administering tournan			·?	YES	NO		
If yes, please explain:							
Rules of Golf							
Do you have an interest in learning more about the Rules of G tournament administration?			and	YES	NO		
How would you rate your knowledge of the Rules?							
Weak	Average		Strong				

Please return completed Information Sheet to: via email: Rules@scga.org SCGA ~ 3740 Cahuenga Blvd. ~ Studio City, CA 91604-3502



Have you ever served as a Rules Official at a go	olf tournament?	YES	NO		
If yes, when and where?					
Have you ever attended a USGA/PGA Rules Se	YES	NO			
If yes, how many have you attended?	When last attended:				
Have you ever attended an SCGA Rules Works	hop? YES NO				
If yes, how many?	When last attended:				
Approximately how many days each year are you available to volunteer at tournaments?					
Other Information					
What is your profession?					
Are you retired?	YES	NO			
What volunteer positions have you held at your club?					
What are your hobbies and other interests outside of golf?					
What other volunteer work have you done outside of golf?					
Is there anything else you would like to tell us about yourself?					

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