

City & County of Sacramento, California
Sacramento Golf Council (SGC) Volunteer Assignment Description

Purpose of Position: To conduct high quality, competitive amateur golf tournaments for the City & County of Sacramento, California.

Qualifications:

- Ability and willingness to represent the Sacramento Golf Council and the City & County of Sacramento, and its golf facilities, in a professional and positive manner at all times.
- Ability to offer constructive criticisms and suggestions to City/County Golf Managers with a focus and intent of “how we can improve”.
- Ability to volunteer Labor Day weekend holiday on one of the SGC events.
- Ability to learn how to create and manage a tournament budget.
- Ability to learn and use the Tournament Management Software, (Golf Genius and/or Blue Golf).
- Willingness to raise funds to support SGC junior events and youth golf.
- Interest in public golf.

Responsible to: Current Board of the Sacramento Golf Council

Responsibilities:

- Attend and actively participate in monthly meetings.
- Serve as a tournament director for at least 1 event each calendar year OR serve as the SGC Treasurer or Secretary.
- Serve as a tournament co-director/volunteer on at least 3 SGC events each calendar year, 6 full days.
- Follow all City & County policies and procedures.
- Provide orientation and training for new SGC members.

Training & Support Provided:

- Each member will be given a “SGC Director’s Handbook” containing pertinent information about the SGC and the duties and responsibilities of SGC members.
- SGC Tournament Director support.
- Staff support from the City & County golf operations staff.

Benefits of Volunteering:

- Make and preserve the rich history of competitive golf in the Greater Sacramento Area.
- Opportunity to give back to the great game of golf.
- Gain skills in conducting high-quality, competitive, amateur golf tournaments.
- The privilege of restricted, discounted golf play at City & County golf facilities.

Length of Commitment:

- Minimum of 1 term, (3 years).
- Length of service is at the discretion of the Sacramento Golf Council.

Contact Person: Mark Perry, markeperry63@gmail.com

Revised 01/15/2025

Sacramento Golf Council (SGC) Volunteer Membership Application

Send Application to: Mark Perry, 116 Arbusto Circle, Sacramento, CA 95823

INSTRUCTIONS: Please fill out this form completely.

NAME: _____
Last First Middle

MAILING ADDRESS: _____
Street Number Street Name Apartment Number

City State Zip Code

PHONE #: _____ **E-MAIL:** _____

CITY OR COUNTY OF SACRAMENTO EMPLOYMENT:

1. Are you currently employed by the City or County of Sacramento? **(Y)**_____ **(N)**_____
If yes, what department? _____
2. Have you ever been employed by the City or County of Sacramento? **(Y)**_____ **(N)**_____
If yes, what department? _____. If previous employment was under a different name, please state name. _____
3. Are you currently employed at a city or county golf course: **(Y)**_____ **(N)**_____
If yes, which course? _____. What position? _____
4. Have you ever served on the Sacramento Golf Council? **(Y)**_____ **(N)**_____
When? _____ to _____.

In one sentence, please describe the most valuable asset you have to offer the SGC:

SGC MEMBER TIME COMMITMENT:

SGC members meet regularly on the first Monday of the month at 5 p.m. SGC members are responsible for conducting upwards of twenty-two golf tournaments each calendar year. Applicants will be expected to attend all monthly meetings and will also be required to serve as a Tournament Director for at least one event and as a co-director/committee volunteer for at least three additional events each year. SGC members serve a minimum of three years.

Do you have any day or time constraints that would prohibit you from performing the SGC member duties described above? **(Y)**_____ **(N)**_____. If yes, please explain.

EDUCATION, TRAINING AND EXPERIENCE

Name of college, university, business, Correspondence, trade or service schools	Major Course of Study	Completed number of Semesters or Units	Diploma, Degree or Certificate Received

PLEASE LIST CERTIFICATES OF PROFESSIONAL COMPETENCE, LICENSES AND/OR MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS.

EDUCATION, TRAINING AND EXPERIENCE (Continued)

Are you an **actively involved** member of a local golf club? **(Y)**_____ **(N)**_____. If yes, please provide the name of the club, the club's home golf course and specify if you have held a position as an officer of the club.

Do you play golf? **(Y)**_____ **(N)**_____. If yes, how long? _____ years, _____ months. How often _____ X/week, _____ X/month, _____ X/year.

Do you have an USGA GHIN Index? **(Y)**_____ **(N)**_____ GHIN # _____

Have you ever attended a formal training on the Rules and/or etiquette of golf: **(Y)**_____ **(N)**_____. If yes, please describe.

Do you have experience in: 1. Directing a golf tournament? 2. Media/Marketing/public relations? 3. Finance or accounting? 4. Special event or volunteer coordination? 5. Using Tourn. Software (Golf Genius, Blue Golf). Please describe your experience(s).

Please outline below (in 100 words or less) why you should be selected to serve on the SGC.

Describe below your thoughts and ideas regarding ways to promote and support junior golf tournaments.

References:

Please provide two names, addresses, phone numbers (with area codes) and their relationship to you. No relatives please.

1. _____
Name Phone Relationship

Address

2. _____
Name Phone Relationship

Address

I hereby confirm that all of the information contained on this application is accurate and true:

Applicant: Print Name Sign Name Date