

Applicant'sName:		D.O.B	Age:	
Address:				
City:	Zip Code:	Telephone:		
Cell #:	Email Address:			
Affiliation to LRLL:				
Parent'sName:				
Telephone:	Cell #:			
Parent's Email Address:				
Reference(someonewhocanve	ouchforyourresponsibility,no	tafamilymember)		
Name:	Relationship:			
Phone #:				
AdditionalEmergencyContac	t(besidesparent/guardianliste	dabove)		
Name:		Relationship:		
Telephone:		Cell #:		
I, Guidelines:	am willing to com	ply with the Ladera Ran	ch Little League Youth Helpe	
***Therewillbeamandatorym andexpectationsofworkingint assignedashiftfortheseason,yo	hesnackbar.Thetimewillbese			
Applicant's Signature:		Date:	:	
Parent's Signature:		Date	:	
ALL days/times available on	a consistent basis: (snack ba	is only open T, W, Th &	& Sat)	
	TuesWed	ThurSat	İ	

**This information will be used when making phone calls for scheduling and emergency purposes only. Filling out this application does not guarantee that you will receive shifts. References will be checked. For questions, please contact Laura Hester at keychainbling@gmail.com or cell phone at 805.603.6090