

Little League Volunteer Application - 2016

Do not use forms from past years. Use extra paper to complete if additional space is required.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION. Name_____ Date _____ Address _____ City ______ State _____ Zip _____ Social Security # (mandatory with First Advantage or upon request) Cell Phone ______ Business Phone _____ Home Phone: _____ E-mail Address: _____ Date of Birth _____ Occupation _____ Employer_____ Special professional training, skills, hobbies: Community affiliations (Clubs, Service Organizations, etc.): Previous volunteer experience (including baseball/softball and year): Do you have children in the program? Yes \square No \square If yes, list full name and what level? _____ Special Certification (CPR, Medical, etc.):_____ Do you have a valid driver's license: Yes \(\square\) No \(\square\) Driver's License#: ______State _____ Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes □ No □ If yes, describe each in full: Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes No If yes, describe each in full: Have you ever been refused participation in any other youth programs? Yes ☐ No ☐ If yes, explain: _____ In which of the following would you like to participate? (Check one or more.) Coach Umpire League Official Field Maintenance Scorekeeper Concession Stand Manager Other \square

Name/Phone	
YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROST THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMA	
ttp://www.littleleague.org/learn/programs/childprot	ection/state-laws-bg-checks.htm
S A CONDITION OF VOLUNTEERING, I give permission for the heck(s) on me now and as long as I continue to be active with the ffender registries (some of which contain name only searches we nay or may not be me), child abuse and criminal history records conditional upon the league receiving no inappropriate informate to hold harmless from liability the local Little League, Little League and volunteers thereof, or any other person or organization that hat, regardless of previous appointments, Little League is not obsprointed, I understand that, prior to the expiration of my term, emoval by the Board of Directors for violation of Little League person or organization.	e organization, which may include a review hich may result in a report being generate. I understand that, if appointed, my position on my background. I hereby release an lee Baseball, Incorporated, the officers, empay provide such information. I also unde ligated to appoint me to a volunteer position of the Presider.
Applicant Signature	
f Minor/Parent Signature	Date
Applicant Name(please print or type)	
Applicant Name(please print or type) NOTE: The local Little League and Little League Baseball, Incorporation on the basis of race, creed, color, national origin, markinability. LOCAL LEAGUE US	orporated will not discriminate against a ital status, gender, sexual orientation or SE ONLY:
f Minor/Parent Signature	orporated will not discriminate against a ital status, gender, sexual orientation or SE ONLY:
Applicant Name(please print or type)	orporated will not discriminate against a ital status, gender, sexual orientation or SE ONLY: one must be checked):