

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 North Arlington Little League) 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 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.) League Official Coach Umpire Field Maintenance Manager \square Scorekeeper Concession Stand Other \square

volunteer in a youth program:	
Name/Phone	
F YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKG OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORM	
nttp://www.littleleague.org/learn/programs/childpr	otection/state-laws-bg-checks.htm
AS A CONDITION OF VOLUNTEERING, I give permission for the check(s) on me now and as long as I continue to be active with offender registries (some of which contain name only searches may or may not be me), child abuse and criminal history record conditional upon the league receiving no inappropriate information hold harmless from liability the local Little League, Little League did volunteers thereof, or any other person or organization that, regardless of previous appointments, Little League is not appointed, I understand that, prior to the expiration of my termination by the Board of Directors for violation of Little League	the organization, which may include a review of which may result in a report being generated the ds. I understand that, if appointed, my position lation on my background. I hereby release and a lague Baseball, Incorporated, the officers, employ at may provide such information. I also understate obligated to appoint me to a volunteer position m, I am subject to suspension by the President at
Applicant Signature	
If Minor/Parent Signature	
Applicant Name(please print or type)	
NOTE: The local Little League and Little League Baseball, Ir person on the basis of race, creed, color, national origin, m disability.	
LOCAL LEAGUE I	USF ONLY:
Background check completed by league officer _	
on	
System)s) used for background check (minimum	of one must be checked):
Sex Offender Registry Criminal History Re	cords *First Advantage
*Please be advised that if you use First Advantage and where only name match searches can be performed you receive a letter directly from LexisNexis in compliance w information regarding all the criminal records associate be the league volunteer.	u should notify volunteers that they will vith the Fair Credit Reporting Act containing
Only attach to this application copreports that reveal conviction	

Please list three references, at least one of which has knowledge of your participation as a