



LITTLE LEAGUE VOLUNTEER APPLICATION

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 _____

Home Phone _____

Business Phone _____

Date of Birth _____

Occupation _____ Social Security # _____

Employer _____

Address _____

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 ___ No ___

If yes, at what level? _____

Special Certification (i.e. CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes ___ No ___

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s): 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 _____ Umpire _____ Field Maintenance _____

Head Coach _____ What Division _____ Baseball _____ Softball _____

Asst Coach _____ What Division _____ Baseball _____ Softball _____

Concession Stand _____ Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual

Local League Use Only:
 Background check complete by league officer _____
 on _____
 System(s) used for background check (minimum of one must be checked):
 Sex Offender Registry _____ Criminal History Records _____

Only attach to this application copies of background check reports that reveal convictions of this applicant.