

Little League. Volunteer Application -2014

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 <u>ATTACHED</u> TO COMPLETE THIS APPLICATION.

Name	Date
Address	
	State Zip
Social Security # (mandatory w	ith First Advantage or upon request)
Cell Phone	Business Phone
E-mail Address:	
Employer	
Special professional training,	skills, hobbies:
Community affiliations (Clubs	s, Service Organizations, etc.):
Previous volunteer experienc	ce (including baseball/softball and year):
Do you have children in the p	program? Yes 🗌 No 🔲 If yes, list full name and
what level?	
Special Certification (CPR, Me	edical, etc.):
Do you have a valid driver's li	icense: Yes 🔲 No 🗌
Driver's License#:	State
Have you ever been convicte a minor?: Yes Ves No	ed of or plead guilty to any crime(s) involving or agains o □
If yes, describe each in full:	
Are there any criminal charge or against a minor? Yes	es pending against you regarding any crime(s) involvin 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 wo	uld you like to participate? (Check one or more.)
League Official 🗌 🛛 Coach	Umpire Field Maintenance
Manager Scorekeepe	er 🔲 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

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), 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
If Minor/Parent Signature	Date

Applicant Name(please print or type)

on

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 or<u>jentation or disability</u>.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer
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System)s) used for background check (minimum of one must be checked):

Sex Offender Registry 🔲 Criminal History Records 🗌

*First Advantage 🗌

*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

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