

Little League[®] Volunteer Application - 22/23

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.

| COMPLETE THIS AFFLICA | TION. | | |
|---|--|---------------------|--------------|
| Name | Middle Name or Initial | Last | Date |
| Address | | LdSt | |
| City | State | Zip | |
| Social Security # (mandatory) | | | |
| Cell Phone | Business Phone | | |
| Home Phone: | E-mail Address: | | |
| Date of Birth | | | |
| Occupation | | | |
| Employer | | | |
| Address | | | |
| Special professional training | s, skills, hobbies: | | |
| Community affiliations (Clubs, Servi | ce Organizations, etc.): | | |
| Previous volunteer experience (incl | uding baseball/softball and year): | | |
| 1. Do you have children in t | he program? nd whatlevel? | | Yes□No□ |
| 2. Special Certification (CPR | , Medical, etc.)? (list) Yes ☐ No ☐ | | |
| 3. Do you have a valid drive Driver's License#: | r's license? | State | Yes No No |
| | icted of or plead no contest or gui | Ity to any crime(s) | involving or |
| against a minor? If yes, describe each i | n full: | | _Yes □No□ |
| If yes, describe each i | icted of or plead no contest or guilinfull: 5, does not automatically disqualify you as | | Yes□ No□ |
| 6. Do you have any criminal of the state of | charges pending against you regardi n full: | ngany crime(s)? | Yes 🗆 No 🗀 |
| | 6, does not automatically disqualify you as ed participation in any other youth | | Yes 🗌 No 🔲 |
| | ing would you like to participate? Umpire | Conc | ession Stand |

| | JIRES A SEPARATE BACKGROUND CHECK BY LA E INFORMATION ON STATE LAWS, VISIT OUR V | • |
|---|---|--|
| ow and as long as I continue to be which contain name only searches riminal history records. I understa iformation on my background. I has aseball, Incorporated, the officer uch information. I also understand to a volunteer position. If appointe | IG, I give permission for the Little League organicative with the organization, which may include which may result in a report being generated and that, if appointed, my position is conditional ereby release and agree to hold harmless from s, employees and volunteers thereof, or any of that, regardless of previous appointments, ed, I understand that, prior to the expiration or d of Directors for violation of Little League pol | le a review of sex offender registries (so that may or may not be me), child abu al upon the league receiving no inappro n liability the local Little League, Little I ther person or organization that may p Little League is not obligated to appo f my term, I am subject to suspension |
| Applicant Signature | | Date |
| f Minor/Parent Signature_ | | Date |
| | | |
| OTE: The local Little League a | nt or type)and Little League Baseball, Incorporated was national origin, marital status, gender, sexu | vill not discriminate against any pers |
| OTE: The local Little League a | and Little League Baseball, Incorporated w national origin, marital status, gender, sexu | vill not discriminate against any pers ual orientation or disability. |
| OTE: The local Little League and the basis of race, creed, color, in | and Little League Baseball, Incorporated wanational origin, marital status, gender, sexu | vill not discriminate against any persual orientation or disability. |
| OTE: The local Little League a ne basis of race, creed, color, i | and Little League Baseball, Incorporated w national origin, marital status, gender, sexu | vill not discriminate against any persual orientation or disability. |
| Background check coron System(s) used for ba | and Little League Baseball, Incorporated wanational origin, marital status, gender, sexu | vill not discriminate against any persual orientation or disability. NLY: nust be checked): |
| Background check coron System(s) used for ba | LOCAL LEAGUE USE Of mpleted by league officerckground check (minimum of one mates all checks include criminal records | vill not discriminate against any persual orientation or disability. NLY: nust be checked): and sex offender registry records ta and National Criminal |

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

volunteer in a youth program:

Name/Phone