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

Name	Da	te
Address		
City	State	Zip
Social Security # (mandatory with F	irst Advantage or upon	request)
Cell Phone	Business Phone	
Home Phone:		
Date of Birth		
Occupation		
Employer		
Address		
Special professional training, skil	ls, hobbies:	
Community affiliations (Clubs, Se	ervice Organizations	s, etc.):
Previous volunteer experience (i	ncluding baseball/s	oftball and year):
Do you have children in the prog		•
what level?		
Special Certification (CPR, Medic	al, etc.):	
Do you have a valid driver's licen	se: Yes 🔲 No 🗌	
Driver's License#:		
Have you ever been convicted of a minor?: Yes No		
If yes, describe each in full:		
Are there any criminal charges p or against a minor?  Yes	ending against you ]No If yes, descril	regarding any crime(s) involving be each in full:
Have you ever been refused part	icipation in any oth	er youth programs? Yes No
If yes, explain:		
In which of the following would	you like to participa	te? (Check one or more.)
League Official 🗌 🛛 Coach 🗌	Umpire 🔲	Field Maintenance
Manager 🗌 Scorekeeper 🗌	Concession Stan	d 🔲 🛛 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)

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 orientation or disability.

LOCAL LEAGUE USE 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 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.			