

Little League Volunteer Application -2021

DATE: _____

A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE #: _____
(Mandatory)

HOME PHONE: _____ CELL PHONE: _____

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?

☐ 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 program?

☐ Yes ☐ No If Yes, explain: _____

In which of the following would you like to volunteer? (Check one or more)

☐ Board Member ☐ Manager ☐ Coach
☐ Umpire ☐ Other _____

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

Name:

Phone Number:

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 Name (please print): _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

If Minor - Parent Signature: _____ **Date:** _____

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 criminal records associated with the name, which may not necessarily be the league volunteer.