

Little League® Volunteer Application

(Use extra paper to complete if additional space is required)

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Date Of Birth _____

Occupation _____ Social Security Number _____

Employer _____

Address _____

Special professional training, skills, hobbies _____

Community affiliations (Clubs, Service Organizations, etc.) _____

Previous volunteer experience (including baseball/softball) Year: _____

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 _____

Accidents or traffic violations? Yes No If yes, explain: _____

Have you ever been convicted of 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 Coach Umpire Field Maintenance

Manager Scorekeeper 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 a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. 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 _____ Date _____

Please Print

Applicant Signature _____

NOTE: The local Little League and Little League Baseball, Incorporated, do not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.