

A copy of valid Government Issued Photo Identification must be attached  
To complete this application.

### LITTLE LEAGUE VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. # \_\_\_\_\_ Cell # \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

S.S. \_\_\_\_\_ Occupation \_\_\_\_\_

Previous Volunteer (Baseball/Softball etc) \_\_\_\_\_

Do you have Children in Program -- Yes \_\_\_ No \_\_\_ If yes what level \_\_\_\_\_

Special Certification (ex CPR—Medical etc \_\_\_\_\_

Do you have a valid Driver's license Yes \_\_\_ No \_\_\_ Drivers License # \_\_\_\_\_

Accident Or traffic violations Yes \_\_\_ No \_\_\_ If yes describe \_\_\_\_\_

Have you ever been refused in any youth program Yes \_\_\_ No \_\_\_\_\_

Which of the following would you like to participate-Check One/more

League Official \_\_\_ Umpire \_\_\_ Concession Stand \_\_\_ Field \_\_\_

Manager \_\_\_ Coach \_\_\_ Other \_\_\_\_\_

Level of Play T-Ball \_\_\_ Minor 6/8 \_\_\_ Minor 9/12 \_\_\_ Major 10/12 \_\_\_

Baseball \_\_\_\_\_ Softball \_\_\_\_\_

Special Professional Training, skill. Hobbies \_\_\_\_\_

Community affiliations (Clubs, Service Organization etc.) \_\_\_\_\_

Please list three (3) reference, at least one of which has knowledge of your participation as a volunteer in a youth program

Name Phone

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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 sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon 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 \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

NOTE:--The local Little League Baseball Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, moral status, gender, sexual orientation or disability.