



# Little League Volunteer Application -2010

Do not use forms from past years. Use extra paper to complete if additional space is required.

Social Security number "optional," mandatory upon district or league's request.

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Occupation \_\_\_\_\_

Social Security # (optional, mandatory upon request) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

Do you have children in the program? Yes  No  If yes, list full name and what level? \_\_\_\_\_

Special Certification (CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to 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 sex offender registries, 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 \_\_\_\_\_

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  \*LexisNexis

*\*Please be advised that if you use LexisNexis 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.**

**IF SELECTED AS A MANAGER OR COACH IN TVLL**

**I WILL:**

- Abide by the TVLL board guidelines and procedures.
- Learn and play by Little League and TVLL rules.
- Attend all clinics and meetings requested.
- Sign a receipt for all uniforms and equipment assigned.
- Promptly return all equipment assigned at closing ceremonies.
- Agree to allow TVLL to perform professional background check on yourself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Do not write below for TVLL use only**

Date \_\_\_\_\_ Received \_\_\_\_\_ BGC Approved  
Not \_\_\_\_\_

Date \_\_\_\_\_ Notified \_\_\_\_\_ TVLL President  
\_\_\_\_\_

Approved: Yes No

Position: Manager Coach

Division \_\_\_\_\_ Team \_\_\_\_\_

\_\_\_\_\_  
TVLL Selection Committee Chairman Date