

## Little League<sup>®</sup> Volunteer Application - 2018

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			Date	
First	Middle	Last		
Address				
	tory with First Advantage or up			
Home Phone:		_ E-mail Address:		
Date of Birth				
Occupation				
Employer				
Address				
	l training, skills, hobbies:			
Community affiliations (C	Clubs, Service Organizations, etc.	):		
Previous volunteer exper	ience (including baseball/softba	ll and year):		
,	dren in the program? name and what level?			Yes 🗆 No 🗆
2. Special Certificati	ion (CPR, Medical, etc.)?	(list) Yes No 🗆		
3. Do you have a va Driver's Licen	lid driver's license? nse#:		_ State	Yes 🗆 No 🗆
4. Have you ever be against a minor?	een convicted of or plead	no contest or guilty	to any crime(s)	involving or
0	be each in full:			_ Yes 🗆 No 🗆
, If yes, describ	een convicted of or plead be each in full: b question 5, does not automatica		, , ,	Yes 🗆 No 🗆
If yes, describ	criminal charges pending a be each in full:			Yes 🗆 No 🗆
7. Have you ever be	een refused participation i	n any other youth pr	ograms?	Yes 🗆 No 🗆
□ League Offic	ne following would you lik cial	□ Manager		ession Stand

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

## Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:

## http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm

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 the 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): Regulation I(c)(9) Mandates First Advantage or another provider that is comparable				
* First Advantage 🗌	Sex Offender Registry Data along with National $\Box$ Criminal Records check of at least 281 million records			
*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.				