

# Shrewsbury Little League Volunteer Application - 2010

P. O. Box 197, Shrewsbury, MA 01545

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION  
MUST BE ATTACHED AND USED TO VERIFY INFORMATION BELOW.**

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

Address: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

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, at what level? \_\_\_\_\_

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

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

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

Have you ever been convicted of or pled guilty to any crime(s): 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 participate? (Check any that apply)

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

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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 principals.

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

Applicant Name (PRINTED): \_\_\_\_\_

*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 \_\_\_\_\_

Systems used for background check (minimum of one must be checked):

Sex Offender Registry

Criminal History Records

Only attach to this application copies of background check reports that reveal convictions of this applicant