

Shrewsbury Little League Volunteer Application - 2011

**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

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