



# 2010 Little League Volunteer Application

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 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 any crime (s):  Yes  No  
 If yes, explain: \_\_\_\_\_

Have you ever been refused participation in any other youth programs?  
 Yes  No If yes, describe in full: \_\_\_\_\_

In which of the following would you like to participate?  
 (Check one or more)  
 League Official  Coach  Umpire  
 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
1.	
2.	
3.	
4.	

As a condition of volunteering, I give permission for the Auburn YMCA 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 Auburn YMCA Little League, Little League Baseball, Inc, 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, Auburn YMCA Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that I must abide by the terms of Little League baseball and will be removed if I violate these terms.

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

Applicant Name: \_\_\_\_\_  
 (please print)

**Please attach a copy of a valid government issued id to this form.**

*Little League Baseball will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

*League use only:*

Background Check completed by league officer \_\_\_\_\_  
 on \_\_\_\_\_.

Sex Offender Registry  Criminal History Records

