

◇◇◇ LITTLE LEAGUE BASEBALL CANADA VOLUNTEER APPLICATION FOR 2015 ◇◇◇  
**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 ATTACHED TO COMPLETE THIS APPLICATION.**

Name \_\_\_\_\_ Age over 19 Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

E-mail address \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Community affiliations (clubs, service organisations, 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 (i.e. CPR, Medical etc.): \_\_\_\_\_

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

Driver's license #: \_\_\_\_\_ Prov. \_\_\_\_\_

Have you ever been refused participation in any other youth sports program?

Yes  No

If yes, describe each in full: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

League Official  Coach  Umpire  Field Maintenance  Manager

Scorekeeper  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. Do not use a family member as a reference. Indicate if the reference is aware that you are using him/her as a reference:

Name	Phone
_____	_____
_____	_____
_____	_____

Little League Baseball Canada has implemented a screening program for all Little League volunteers. As a condition of volunteering, I give permission for the local Little League to conduct a background check on me 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 police 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 Canada, 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, Little League Baseball Canada, and Little League Baseball Incorporated will not discriminate against any person on the basis of race, creed, colour, national origin, marital status, gender, sexual orientation, or disability.*

**Local League Use Only:**

Background check completed by league officer \_\_\_\_\_

on \_\_\_\_\_

*Attach copy of background check reports that reveal convictions of this applicant.*

**"Help Keep Our Little Leaguer's Safe"**