Little League® "Returning" Volunteer Application - 2017 Do not use forms from past years. Use extra paper to complete if additional space is required.

If you filled out a volunteer application background check tools provided by Li out the returning volunteer application	ttle League International, please fill	Please Name: _ Address
volunteer application.		City:
You must provide the information to all the	questions in this section	Home F
Have you ever been convicted or plead guilty Yes No If Yes, describe each in full:		Work Pl Driver's Occupa Employ
		Addres
Are there any criminal charges pending agains involving or against a minor? Yes No If Yes, describe each in full:		Please as a vol Name / Pl
Have you ever been refused participation in ar If Yes, explain:		
		Special pro
In which of the following would you like to		Special Ce
League Official Manager C	oach Umpire Field Maintenance	Special Af
Score Keeper Concession Stand	Other:	
AS A CONDITION OF VOLUNTEERING, I give permission fo check(s) on me now and as long as I continue to be active		Previous
sex offender registries (some of which contain name only that may or may not be me), child abuse and criminal hist is conditional upon the league receiving no inappropriate agree to hold harmless from liability the local Little Leaguemployees and volunteers thereof, or any other person or also understand that, regardless of previous appointment volunteer position. If appointed, I understand that, prior to by the President and removal by the Board of Directors for	tory records. I understand that, if appointed, my position information on my background. I hereby release and ite, Little League Baseball, Incorporated, the officers, or organization that may provide such information. I ts, Little League is not obligated to appoint me to a to the expiration of my term, I am subject to suspension	IF YOU L OF THAT http://v
Applicant Name (please print or type):		
Applicant Signature:	Date:	
If Minor — Parent Signature:	Date:	
NOTE: The local Little League and Little League Baseball, Incor basis of race, creed, color, national origin, martial status, gend		

Please update <u>ONLY</u> the informat	ion in this section which has changed since last year
Name:	
Address:	
	State: ZIP:
	Cell Phone:
	E-Mail Address:
	State:
Occupation:	
Employer:	
Address:	
as a volunteer in a youth program Name / Phone:	st one of which has knowledge of your participation i: //
	//
	/
Special professional training, skills, hobbies:	
Special Certifications (CPR, Medical, etc):	
Special Affiliations (Clubs, Service Organization	ns, etc):
Previous volunteer experience (including base	ball/softball and year(s)):
OF THAT STATE'S BACKGROUND CHECK. F	SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COI OR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: ograms/childprotection/state-laws-bg-checks.htm
LOC	TAL LEAGUE USE ONLY:
Background Check completed by le	eague officer
System(s) used for background ch	eck (minimum of one must be checked):
Sex Offender Registry	Criminal History Records *First Advantage
*Please be advised that if you use Fil only name match searches can be p directly from First Advantage in com	rst Advantage and there is a name match in the few states where erformed you should notify volunteers that they will recieve a letter upliance with the Fair Credit Reporting Act containing informa- iation with the name, which may not necessarily be the league