

◆◆◆ REVISED LITTLE LEAGUE CANADA VOLUNTEER APPLICATION FOR 2010 ◆◆◆
Do not use forms from past years. Use extra paper to complete if additional space is required.

Name _____ Age over 19 Yes No

Address _____

City _____ Prov. _____ Postal code _____

Telephone: Home _____ Cell _____ Business _____

E-mail address _____

Date of Birth _____

Occupation _____

Social Insurance # (optional) _____

Employer _____

Address _____

Special Professional Training, skills, hobbies: _____

Community affiliations (Clubs, Service Organisation, 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: _____

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 Canada has instituted a Screening Program for all volunteers in the Child Safe Program. 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 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 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 Canada 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 _____

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

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

League Official Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand Other

“Help Keep Our Little Leaguer’s Safe”