



League & Emergency Contacts

•	Emergency Phone Number:	911
•	Local Police Dept. Emergency:	(641)-472-4146
•	Local Fire Dept. Emergency:	(641)-472-9212
•	President- Chet Vogt	(641)919-9679
•	Vice President- Brad Boatman	(641)451-7332
•	Treasurer- Sam Eastburn	(641)451-0247
•	Secretary- Brad Houk	(319)415-3585
•	Player Agent- Aaron Countryman	(641)919-0623
•	Safety Officer- TJ Terrell	(641)451-0532
•	Coaching Coordinator- Micah Zook	(641)451-4600
•	Equipment Manager- Adam Rebling	(319)501-8371



Background Check Procedure

The Jefferson County Little League will submit volunteer applications through Sports Connect.

Background screens will be conducted through JCP.

All applicants will be reviewed and approved by board prior to be allocated to a volunteer role.



This volunteer application should only be used if a league is manually entering information into JDP. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP.

6. Do you have any criminal charges pending against you regarding any crime(s)?

(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

If yes, describe each in full:

Little League® Volunteer Application - 2025 Do not use forms from past years. Use extra paper to complete if additional space is required.



League Official

Coach C

☐ Umpire

3. Do you have any criminal charges pending against you regarding any crime(s)? If yes, describe each in full:
(Answering yes to Question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs and/or listed on any youth organization

☐ Field Maintenance

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE <u>ATTACHED</u> TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or

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

Manager

☐ Scorekeeper

Visit LittleLeague.org/LocalBGcheck for more information. A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE <u>ATTACHED</u> TO COMPLETE THIS APPLICATION. All RED fields are required. Middle Name or Initial State Zip Social Security # (mandatory) Date of Birth Employer ____ Special professional training, skills, hobbies: Community affiliations (Clubs, Service Organizations, etc.): Previous volunteer experience (including baseball/softball and year): 1. Do you have children in the program? If yes, list full name and what level?__ 2. Special Certification (CPR, Medical, etc.)? If yes, list: 3. Do you have a valid driver's license? □ Yes □ No Driver's License#: 4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a (If volunteer answered yes to Question 4, the local league must contact Little League International.) 5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? If yes, describe each in full: [Answering yes to Question 5, does not automatically disqualify you as a volunteer.]

□ Yes □ No

ineligible list?			☐Yes ☐ No
If yes, explain:			2.00
	yes to Question 7, the local l	eague must contact Little	League International.)
In which of the following w	vould you like to participate?	(Check one or more.)	
League Official	Umpire	☐ Manager	☐ Concession Stand
☐ Coach	Field Maintenance	☐ Scorekeeper	☐ Other
Please list three references, youth program:	at least one of which has kno	owledge of your particip	oation as a volunteer in a
Name/Phone			
			EASE ATTACH A COPY OF THAT STATESTIFE Little Leggue, org / Bo State Low
			tion to conduct background check(s)
			stian to conduct background check(s review of sex offender registries (som
			may not be me), child abuse and crim
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			Little League Baseball, Incorporated,
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Little League® "Basic" Volunteer Application - 2025 Do not use forms from past years. Use extra paper to complete if additional space is required.

Special professional training, skills, hobbies:

If Minor/Parent Signature____

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App.



Visit LittleLeague.org/LocalBGche	ck for more information.		
All RED fields are required.			Special Certifications (CPR, Medical, etc.):
Name	Middle Name or Initial	Lout	Special Affiliations (Clubs, Services Organizations, etc.) :
Address			
City	State	Zip	
Home Phone:	Cell Phone		Previous volunteer experience (including baseball/softball and years (s)):
Work Phone:	E-mail Address:		
Driver's License#:			IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY IAW, PLEASE ATTACH A COPY OF THAT STATE BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: Life Leggus, org/ 8g State Laws.
Have you ever been charged with, conv a minor, or of a sexual nature?	ricted of, plead no contest, or guilty to any c	rime(s) involving or against	AS A CONDITION OF VOLUNTEERING, I give permission for the Life League organization to conduct background check[s], me now and as long as I continue to be active with the organization, which may include a review of sex offender registries [soo of which contain name only searches which may use this or sepon theraig generated that may or may not be melt, shill abuse as
If yes, describe each in full:		Yes No	criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropria information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League.
(If volunteer answered yes to Questi	on 1, the local league must contact Little Leag	ue International.)	Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide su- information. I also understand that, regardless of previous appointments, Little League is not abligated to appoint me to a volunte
Have you ever been convicted of or ple If yes, describe each in full:		☐ Yes ☐ No	position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and remov by the Board of Directors for violation of Little League policies or principles.
(Answering yes to Question 2, does	not automatically disqualify you as a volunte	er.)	

☐ Yes ☐ No

☐ Concession Stand

Other ____

E: The	local Little League and	Little League Baseball,	Incorporated will not discriminate a	against any person on the basi
creed	color, national origin,	marital status, gender,	sexual orientation or disability.	

	LOCAL LEAGUE USE ONLY:	
nd chack completed by	league officer	

Review the Little League Regulation 1(c)(9) for all background check requirements

☐ JDP Background Check Completed (Includes review of the U.S. Center of SafeSport's Centralized Discplinary Database and Little League International Ineligible/Suspended List)*

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Proof of completion of Little League Abuse Awareness Training for Adults provided to league. Mandatory Training Course is available at LittleLeague.org/AbuseAwareness

Fundamental Training



- ► Jefferson County Little League will provide various Fundamentals Trainings for Softball & Baseball Coaches, Assistants, Umpires and players on an annual basis:
- At least one Manager or Coach from each team must Complete a fundamental training course at least once every 3 years;
- Trainings will vary year to year based on need and resources available

First Aid Training



Jefferson County Little League will setup a First Aid Resource on our webpage with vital first aid information and training available



All board members, coaches and assistants will have access to and be provided this resource



First Aid Training will be provided in addition to the first aid resource page



Coaches and assistants will be required to attend First Aid Training once every three years



Board Members will be required to attend First Aid Training annually

Facilities Inspections



- All Fields and Facilities will be inspected before games start for the day, and before all practices. This includes all batting cages, and warm-up areas next to the fields.
- ► The following page is the Little League's Facilities and Inspection Sheet:
 - Please make sure to include your name and what field you inspected prior to starting practice or game play. Return inspection forms to the Concession Stand if an issue has arrised.
 - You should only fill out form if there is a Concern that needs addressed.

JEFFERSON COUNTY
LITTLE LEAGUE

Facility and Field Inspection Checklist



Location of Issue	 	
Date & Time		

NOTES/HAZARDS	
Concerned Persons Signature	
Board Momborg Signature	Data Pagalyrad
Board Members Signature	Date Resolved:

Concession Stand Safety



The following pages are concession stand Safety Recommendations from Little League.com

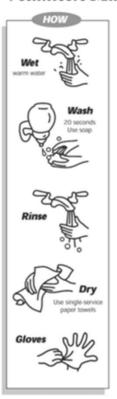


These Safety Recommendations will be posted in multiple locations in the **Concession Stand**



Concession Stand Volunteers trained on Safety and Sanitation prior to each shift by **Board Member**

Volunteers Must Wash Hands





Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods

 interrupt working with food (such as answering the
- phone, opening a door or drawer)

 eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ touch your nose, mouth, or any part of your body · sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils. Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand when you can't remove your jewelry

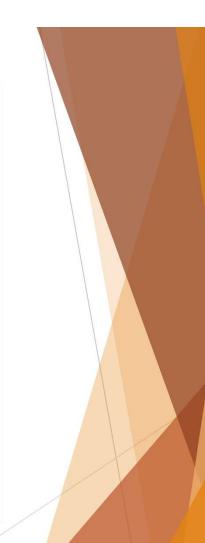
If you wear gloves:

wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands





Equipment Responsibilities

- The Equipment Manager and Safety Officer, will inspect ALL TEAMS equipment during the preseason.
- All Umpires may if they choose, inspect the team's equipment before each game
- Coaches will need to report to either the Safety Officer or Equipment Manager if any piece of Equipment is damaged and needs swapped out during the season





Reporting Injuries

All accidents on the fields or at the facilities are required to be reported to Safety Officer, within 24 hours of the injury

> IF the injury requires a trip to the Hospital, League President, Vice President and Safety Officer, must be informed immediately

> > A board member will then fill out an accident report and submit to Little League International

LITTLE LEAGUE BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM AIG

Send Completed Form To: Little League, International 539 US Route 15 Hwy, PO Box 3485 Williamsport PA 17701-0485 Accident Claim Contact Numbers: Phone: 570-327-1674

Accident & Health (U.S.)

- 1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/
- dental treatment must be rendered within 30 days of the Little League accident.

 2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred
- 3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
- 4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure
 provided to the league president, or contact Little League Headquarters within the year of injury.
- 6. Accident Claim Form must be fully completed including Social Security Number (SSN) for processing

_	eague Name									League I.	D.		
Na	ame of Injured Person/Clair	mant		SSN	PART 1	Date of Birth	n (M	IM/DD/	YY)	Age	Sex		
- Injure - State State of the S								76610-0-00			LDE	emale	□ Male
Name of Parent/Guardian, if Claimant is a Minor						Home Phon	e (li	nc. Area	a Code)	Bus. Pho	ne (In	c. Area C	code)
_						()	_			(1		
٩c	ddress of Claimant				Add	ress of Parent/	Gua	ardian,	if differen	nt			
Γh	e Little League Master Acc	ident Policy p	rovides be	nefits	in excess of b	enefits from oth	ner i	nsuran	ce progra	ams subje	ect to a	\$50 de	ductible
pe	r injury. "Other insurance p	ograms" inclu	ude family's	pers	onal insurance	student insura	ance	through	gh a scho	ool or insu	rance	through	an
						Employer Plan		□Yes	□No.	School		□Yes	□Ne
00	es the insured Person/Par	ant/Guardian	nave any ii	nsurai	nce through:	Individual Plan		□Yes □Yes		Dental		□Yes	
Da	ate of Accident	Time of A	Accident		Type of Injury								
		1	□AM	□РМ	I								
De	escribe exactly how accide	nt hannened	including n	lavino	nosition at the	time of accide	nt:						
					Autotraria de Antonio								
		ee in each co	olumn:										
CI	heck all applicable respons								OUTS			ECIAL E	
	BASEBALL	CHALLENG)	PLAYER								
	BASEBALL SOFTBALL	CHALLENG T-BALL	(4-7)		MANAGER, O			PRAC	CTICE			T GAME	S)
	BASEBALL SOFTBALL CHALLENGER	CHALLENG T-BALL MINOR	(4-7)) 0	MANAGER, O	UMPIRE	00	PRAC	TICE	GAME -	SP	ECIAL G	AME(S
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I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form,

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially taise information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the daim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League				Name of Injured F	Person	/Clai	mant	League	I.D.	Number	
Name o	f League Official							Position	in L	eague	
Address	of League Official							Telepho Reside Busines Fax:	nce:	lumbers (Inc. Area Codes)	
Were you a witness to the accident? Yes											
	TION WHEN INJURED INJURY			ABRASION	PART OF BODY 01 ABDOMEN			CAUSE OF INJURY 01 BATTED BALL			
□ 02 □ 03				BITES CONCUSSION			ANKLE			BATTING	
□ 03 □ 04				CONTUSION			BACK	П	03	CATCHING COLLIDING	
05				DENTAL		05	CHEST		05	COLLIDING WITH FENC	
	BULLPEN			DISLOCATION			EAR	Н	06	FALLING WITH FEING	
	CATCHER	_		DISMEMBERMENT			ELBOW			HIT BY BAT	
08				EPIPHYSES			EYE			HORSEPLAY	
09				FATALITY			FACE	П	09	PITCHED BALL	
	DUGOUT			FRACTURE			FATALITY			RUNNING	
I 11				HEMATOMA	_	11	FOOT		11	SHARP OBJECT	
12	ON DECK		12	HEMORRHAGE		12	HAND			SLIDING	
13	OUTFIELD		13	LACERATION		13	HEAD		13	TAGGING	
	PITCHER			PUNCTURE			HIP			THROWING	
15				RUPTURE			KNEE			THROWN BALL	
16				SPRAIN			LEG			OTHER	
	SHORTSTOP			SUNSTROKE			LIPS		17	UNKNOWN	
	TO/FROM GAME			OTHER			MOUTH				
	UMPIRE			UNKNOWN		19					
20			20	PARALYSIS/		20					
□ 21				PARAPLEGIC		21					
□ 22	WARMING UP					22					
						23	TEETH				
						25					
					Н	25					

Accident Forms



First Aid Kits: Are a Must at all Practices and Games

Immediate Injury Response

First Aid Kits provide tools for quick treatment of injuries, ensuring prompt care during games and practices.

Safety and Compliance

Having kits available helps satisfy league regulations and promotes a safer environment for all players.

Preparedness for All Emergencies

Kits enable treatment of minor injuries and readiness for more serious emergencies, fostering peace of mind for everyone involved.



Rules Enforcement

- All Little League International Rules and our Local League Rules will be enforced by ALL TEAMS this will include:
 - Proper Equipment for Catcher at all times
 - No On-Deck Batters outside of dugout
 - Coaches will not warm up Pitchers
 - ► Bases will disengage on all fields



Managers & Coaches Responsibilities

- All Coaches will be required to use Sport Connect to communicate with parents of kids on they're roster
- To inform parents of the schedule and your expectation for the season
- Maintaining Team Equipment meaning having the equipment at every practice and game and notifying the Safety officer if something is damaged or needs replaced
- If a player gets injured, you will be required to report to the safety officer or The President of the League about the Injury
- Don't forget! It's all about the players having Fun and wanting to keep coming back to play each year