



Greece Little League Umpire Crew Application

Greece Little League, Inc.
PO Box 16133
Rochester, NY 14616
Greecelittleleague.org

Applicant Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>	email	<input type="text"/>		
Emergency Contact	<input type="text"/>	Relationship	<input type="text"/>	Phone	<input type="text"/>		

General Questions

- 1—Are you interested in part-time employment? (min 2 hours/week, max 20 hours/week)? **Y** **N**
- 2—Are you available to work weekends? **Y** **N**
- 3—Weekday report time is 5:45 pm. Is this acceptable? **Y** **N**
- 4—Are there days of the week you are NOT available to work? **Y** **N** **Specify** _____
- 5—Are you willing to undergo a background check as part of the hiring process? **Y** **N**
- 6—Are you able to move consistently for several continuous hours? **Y** **N**
- 7—Do you have any physical restrictions/limitations? **Y** **N** **Specify** _____
- 8—Do you have any allergies? **Y** **N** **Specify** _____
- 9—Do you have officiating experience? **Y** **N**
Explain _____
- 10—Do you have baseball experience? **Y** **N**
Explain _____
- 11—Do we have permission to contact current/previous employers? **Y** **N**
Name _____ **Position** _____ **Phone** _____
- 12—Are you currently engaged in any volunteer activities? **Specify** _____
- 13—Were you referred by one of our current crew members? **Who?** _____
- 14—Do you have any other strengths or additional qualifications of which we should be aware?

References

Name _____	Phone _____	Email _____
Name _____	Phone _____	Email _____

By signing below, I confirm that the information provided on this application is accurate and truthful to the best of my knowledge.

Signature:

Date: