

Little League® Volunteer Application – 2023

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. 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.

Name			e
First Address	Middle Name or Initial	Last	
	State	Zip	
Social Security # (mandatory)			
Cell Phone	Business Phone		
Home Phone:	E-mail Address:		
Date of Birth			
Occupation			
Employer			
Special professional training, skills,	hobbies:		
Community affiliations (Clubs, Service	e Organizations, etc.):		
Previous volunteer experience (inc	luding baseball/softball and year):		
Do you have children in the prog If yes, list full name and wha	ram? t level?		es □ No
2. Special Certification (CPR, Medic	cal, etc.)? If yes, list:		es 🗌 No
3. Do you have a valid driver's l		□Y	es 🗌 No
4. Have you ever been charged with minor, or of a sexual nature?	n, convicted of, plead no contest, or	guilty to any crime(s) invol	ving or against a
If yes, describe each in full:			Yes □ No
(If volunteer answered ye	s to Question 4, the local league	must contact the Little L	eague Security Mar
If yes, describe each in full		_	′es □ No
(Answering yes to Question	5, does not automatically disqual	ify you as a volunteer.)	
If yes, describe each in full:	pending againstyour egarding any cr		es □ No
(Answering yes to Question 6	does not automatically disqualify	vou as a volunteer)	 -

Discipilital y Datab	ase or USA Baseball		th programs and/or liste	ed on the SafeSport Centralized Yes No
	:			
(If volunteer a	nswered yes to Ques	tion 7, the local leag	ue must contact the Little	e League Security Manager.)
In which of the fo	ollowing would yo	ou like to participa	te? (Check one or more.)
□Manager	☐ Coach	☐ Team Parent	☐ Kitchen Auxilia	ry Board Member
Please list three ro	eferences, at least	one of which has kno	wledge of your participa	ation as a volunteer in a
Name/Phone	:			
				EATTACHACOPY OF THAT STATE'S LittleLeague.org/BgStateLaws
me now and as long as which contain name or history records. I under	I continue to be active nly searches which may rstand that, if appointe	e with the organization y result in a report bein d, my position is conditi	, which may include a revie g generated that may or may onal upon the league receivi	to conduct background check(s) or wof sex offender registries (some of y not be me), child abuse and crimina ng no inappropriate information on my tle League Baseball, Incorporated, the
that, regardless of prev	vious appointments, Lit	tle League is not obligat	ed to appoint me to a volunte	de such information. I also understand eer position. If appointed, I understand
of Little League poli		,	y tile President and removat	by the Board of Directors for violation
of Little League poli	icies or principles.			
of Little League poli Applicant Signature	icies or principles.			Date
of Little League poli Applicant Signature If Minor/Parent Sign	icies or principles. nature			
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of Little League poli Applicant Signature If Minor/Parent Sign Applicant Name (pl NOTE: The local Little	icies or principles. nature lease print or type) League and Little Leagular or igin, marital sta	gue Baseball, Incorpora tus, gender, sexual o	ated will not discriminate a	Date Date
of Little League poli Applicant Signature If Minor/Parent Sign Applicant Name (pl NOTE: The local Little creed, color, national	icies or principles. anature Lease print or type) League and Little Leagul origin, marital sta	gueBaseball, Incorpord tus, gender, sexual o	ated will not discriminate a rientation or disability.	Date Date
Applicant Signature If Minor/Parent Sign Applicant Name (pl NOTE: The local Little creed, color, national Background ch System(s) use	icies or principles. anature lease print or type) League and Little League and crigin, marital sta	gue Baseball, Incorpore tus, gender, sexual o DCAL LEAGU league officer I check (minimum	ated will not discriminate a rientation or disability.	Date Date
Applicant Signature If Minor/Parent Sign Applicant Name (pl NOTE: The local Little creed, color, national Background ch System(s) use Review the L	icies or principles. anature lease print or type) League and Little League origin, marital sta L(neck completed by ed for background Little League Reg udes review of the S	gue Baseball, Incorpora tus, gender, sexual of DCAL LEAGU league officer l check (minimum ulation 1(c)(9) fo safeSportCentraliz	ntedwill not discriminate as rientation or disability. IE USE ONLY: of one must be checked a subject of the checked and checked bisciplinary and USA	Date Date
Applicant Signature If Minor/Parent Sign Applicant Name (pl NOTE: The local Little creed, color, nations Background ch System(s) use Review the L JDP (Inclu	icies or principles. anature lease print or type) League and Little League origin, marital sta L(neck completed by ed for background Little League Reg udes review of the S	gue Baseball, Incorporatus, gender, sexual of the properties of th	ated will not discriminate a rientation or disability. IE USE ONLY: of one must be checker all background checke	Date Date gainst any person on the basis of race on ed): ck requirements .Baseball Ineligible List)* .cciplinary Database and/or

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