

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

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (clubs, service organisations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball) and year: \_\_\_\_\_

1. Do you have children in the program? Yes  No  If yes, list full name and what level \_\_\_\_\_
2. Special Certification (i.e. CPR, Medical etc.): Yes  No
3. Do you have a valid driver's license: Yes  No   
 Driver's license #: \_\_\_\_\_ Prov. \_\_\_\_\_
4. Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes  No   
 If yes, describe each in full: \_\_\_\_\_
5. Have you ever been convicted of or plead guilty to any crime(s)? Yes  No   
 If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? Yes  No   
 If yes, describe each in full: \_\_\_\_\_
7. Have you ever been refused participation in any other youth sports program? Yes  No  If yes, explain: \_\_\_\_\_

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

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® Baseball Canada has implemented a screening program for all Little League volunteers. As a condition of volunteering, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (*some of which contain name only searches which may result in a report being generated that may or may not be me*), child abuse, and criminal history 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® Baseball 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 \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

*NOTE: The local Little League®, Little League® Baseball Canada, and Little League® Baseball Incorporated will not discriminate against any person on the basis of race, creed, colour, national origin, marital status, gender, sexual orientation, or disability.*

**Local League Use Only:**  
 Background check completed by league officer \_\_\_\_\_  
 On \_\_\_\_\_

*Attach copy of background check reports that reveal convictions of this applicant.*

**“Help Keep Our Little Leaguers Safe”**