

◆◆◆ REVISED LITTLE LEAGUE CANADA VOLUNTEER APPLICATION FOR 2005 ◆◆◆

League Name: \_\_\_\_\_

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

Name \_\_\_\_\_ Age over 19 Y N

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

List addresses in the past five years  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Professional Training, skills, hobbies:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Special Certification (i.e. CPR, Medical etc.):  
 \_\_\_\_\_

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

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, colour, national origin, marital status, gender, sexual orientation or disability.

Please list three references if required. Please do not use a family member as a reference. List at least one which has knowledge of you participation as a volunteer in a youth program. Please indicate if the reference is aware that you are using him/her as a reference.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Person named is aware that they have been used as reference Yes  No

Name \_\_\_\_\_ Phone \_\_\_\_\_

Person named is aware that they have been used as reference Yes  No

Name \_\_\_\_\_ Phone \_\_\_\_\_

Person named is aware that they have been used as reference Yes  No

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 criminal 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) \_\_\_\_\_

**“Help Keep Our Little Leaguer’s Safe”**