Chandler National Little League

Little League Volunteer Application

A copy of valid government issued photoidentification must be attached to complete this application.

All information must be complete and legible or the application is void. Use extra paper to complete if additional space is needed.

Full Name: _____
Last *First* *Middle Initial*

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: / / Social Security #: _____

Employer/Occupation _____

Previous Volunteer Experience: _____

Do you have children in the program? Yes: ☐ No: ☐

If yes, what age and division? Age and/or Division

_____ _____

_____ _____

_____ _____

Do you have a valid Driver's License? Yes: ☐ No: ☐

Driver's License #: State:

Have you ever been convicted of or plead guilty to any crime/DUI?

Yes: ☐ No: ☐ If yes, describe each in full:

Have you ever been refused participation in any other youth programs?

Yes: ☐ No: ☐ If yes, describe:

Please list three (3) references, at least one of which has knowledge of your participation as a volunteer in a youth program.

Name	Phone

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 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, Inc., the officers, employees and volunteers thereof, or any other person or organization that my 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.

****Email Address**:** _____

Applicant Name: _____
(printed or typed)

Applicant Signature: _____

Date: _____

Note: the local Little League and Little League Baseball, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Please indicate how you would like to volunteer:

Manager ☐	Division:	Majors ☐	AAA ☐	AA ☐
		Intermediate ☐		T-Ball ☐
Coach ☐	Division:	Majors ☐	AAA ☐	AA ☐
		Intermediate ☐		T-Ball ☐
Assistant Coach ☐	Division:	Majors ☐	AAA ☐	AA ☐
		Intermediate ☐		T-Ball ☐
Board of Directors ☐		Field Maintenance ☐		Umpire In Chief ☐
Umpire ☐		Events Coordinator ☐		Scheduling ☐
Sponsorship Coordinator ☐		Raffle Coordinator ☐		
Clinic Coordinator ☐		Team Parent ☐		Scorekeeper ☐
Other ☐				

League Use Only: Background check completed by: *Date:* *Type of Background check: Sex Offender* ☐ *Criminal History Records* ☐