♦♦♦ LITTLE LEAGUE BASEBALL CANADA VOLUNTEER APPLICATION FOR 2016 ♦♦♦

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

ATTACHED TO COMPLE	ETE THIS APPLICATION.		as a volunteer in a youth program. Do	of which has knowledge of your participation o not use a family member as a reference.
Name		Date	Indicate if the reference is aware that you	are using him/her as a reference:
Address			Name/Phone	
City	Prov	Postal code		
Phone: Home	Cell	Business		
E-mail address			-	ented a screening program for all Little League ring, I give permission for the Little League
Date of Birth				k(s) on me now and as long as I continue to be
Occupation			active with the organization, which may include a review of sex offender registries	
				arches which may result in a report being , child abuse, and criminal history records. I
			understand that, if appointed, my positio	on is conditional upon the league receiving no
Special professional training, skills, hobbies:			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	
Community affiliations	(clubs, service organisation	s, etc.):	other person or organization that may pro	ovide such information. I also understand that, le League is not obligated to appoint me to a
Previous volunteer expe	erience (including baseball/	softball) and year:	volunteer position. If appointed, I underst	tand that, prior to the expiration of my term, I nt and removal by the Board of Directors for
Do you have children in the program? Yes □ No □ If yes, list full name and what level			violation of Little League policies or princip Applicant Signature	ples.
Special Certification (i.e			If Minor/Parent Signature	
	ver's license: Yes ☐ No ☐	_	Applicant Name (please print or type)	
Driver's license #:	nvicted of or plead guilty to	ProvProv		
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:			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.	
	charges pending against you ninor?: Yes ☐ No ☐ If yes,	u regarding any crime(s) describe each in full:	Local League Use Only:	
Have you ever been refused participation in any other youth sports program? Yes No If yes, describe each in full:			Background check completed by league officer	
	Cibe each in full:		On	
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 □			Attach copy of background check reports that reveal convictions of this applicant.	

"Help Keep Our Little Leaguers Safe"