

2008 Orchard Park Little League Volunteer Application

PLEASE COMPLETE ALL AREAS BELOW AND RETURN WITH YOUR SIGNATURE.

Applicants Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Date of Birth _____

Primary e-mail address _____ Social Security Number _____

Occupation _____

Employer _____

Address _____ City _____ State _____ Zip _____

Do you have children in the program? Yes No If yes, what ages? _____

Are you applying for? Manager Assistant/Coach other _____

For which age levels are you applying? _____

Are you interested in being considered for manager/coach of a tournament team? Yes No

If yes, at what levels _____

Please list all coaching experience & training, including number of years and levels _____

Please list any other volunteer experience or community affiliations you have (clubs, organizations, etc.) _____

Please list any special skills, training & certification (i.e. CPR, Medical) AED Trained Yes No

Do you have a valid driver's license? Yes No License # _____ State _____

If no, explain _____

Have you ever been refused participation in this or other youth programs? Yes No

If yes, explain _____

Have you ever been convicted of or plead guilty to any crimes? Yes No

If yes, describe in full _____

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

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

As a condition of volunteering, I give permission for Orchard Park Little League 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 Orchard Park Little League receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Orchard Park Little League, 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, Orchard Park 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. The statements and representations made in this application are true to the best of my knowledge.

Applicant Signature _____ Phone _____

NOTE: Orchard Park Little League and Little League Baseball, Inc. do not limit participation in its activities on the basis of disability, race, color, creed national origin sexual preference or religious preference.

LEAGUE USE ONLY: Background Check Completed by: _____

Sex Offender Registries

Criminal History Records

Team Assignment