$\diamond \diamond \diamond$ LITTLE LEAGUE® BASEBALL CANADA VOLUNTEER APPLICATION $\diamond \diamond \diamond$

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

	VERNMENT ISSUED PHOTO LETE THIS APPLICATION.	IDENTIFICATION MUST BE	· ·	of which has knowledge of your participation on the use a family member as a reference.
Name		Date	Indicate if the reference is aware that yo	u are using him/her as a reference:
Address			Name/Phone	
City	Prov	Postal code		
Phone: Home	Cell	Business		
E-mail address			_	plemented a screening program for all Little volunteering, I give permission for the Little
Date of Birth			_	round check(s) on me now and as long as I
Occupation			_	on, which may include a review of sex offender only searches which may result in a report being
Employer), child abuse, and criminal history records. I
Address				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	s (clubs, service organisatio	ns, etc.):	other person or organization that may pr	ovide such information. I also understand that, the League is not obligated to appoint me to a
Previous volunteer exp	perience (including baseball	/softball) and year:	volunteer position. If appointed, I unders	stand that, prior to the expiration of my term, I ent and removal by the Board of Directors for
Do you have childs what level	ren in the program? Yes 🔾	No O If yes, list full name and	violation of Little League® policies or prir Applicant Signature	nciples.
2. Special Certification (i.e. CPR, Medical etc.): Yes No				
3. Do you have a valid driver's license: Yes \(\oldsymbol{No} \(\oldsymbol{O} \) Driver's license #: Prov.			Applicant Name (please print or type)	
4. Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes No			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.	
If yes, describe each in full:				
	en convicted of or plead gui	ilty to any crime(s)? Yes \(\textstyle \textstyle \text	Level League Hee Only	
	(Answering yes to question 5, does not automatically disqualify you as a voulunteer.)		Local League Use Only: Background check completed by league officer	
5. Do you have any criminal charges pending against you regarding any crime(s)?: Yes No No If yes, describe each in full:			On Attach copy of background check reports that reveal convictions of this applicant.	
7. Have you ever been refused participation in any other youth sports program? Yes No If yes, explain:				
In which of the followi	ing would you like to partici	pate? (Check one or more.)		
League Official OCoach OUmpire O Field Maintenance O Manager O Scorekeeper O Concession Stand OOther O			"Help Keep Our	Little Leaguers Safe"

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