



COACHING/VOLUNTEER APPLICATION

Name _____
Last First Middle

D.O.B. _____
M D Y

Address _____
Street City State ZIP

Home Phone () _____

SSN: ____/____/____

Cell Phone () _____

Email address _____
Please print clearly and legibly

Employer _____

Work Phone () _____

No. of years at current job _____ Position _____

Position desired: Circle One **Manager** **Asst. Coach** **Board Member** **Umpire** **Other**

I would like to be considered to coach with: _____

Division desired: Circle one

Boys Division

Girls Division

- | | |
|-------------------------|----------------|
| Co-ed Tee Ball (3-4) | |
| Co-ed Coach Pitch (5-6) | |
| Pee Wee (7-8) | Pee Wee (7-8) |
| Minor (9-10) | Minor (9-10) |
| Major (11-12) | Major (11-12) |
| Junior (13-14) | Junior (13-14) |
| Senior (15-16) | Senior (15-16) |

Previous Coaching Experience: Please list any recent coaching experience including level coached and year(s) coached. *Required only if applicant desires to manage or coach*

Year _____

Year _____

All-Star Eligibility/Participation Disclaimer

By signing below, I affirm that I have been made aware of the Clarksville Little League Policy on All-Star eligibility for both players and coaches. I agree to implement this policy to the best of my ability and understand that violation of the terms of this policy may result in my removal as All-Star coach and/or a one-year ban on All-Star coaching eligibility. I further understand that coaching/volunteering in the Clarksville Little League is at the pleasure of the Board of Directors and that my actions while coaching or representing the players and parents of the Clarksville Little League will be used to judge further participation. Coaches/volunteers are approved on an annual basis. Clarksville Little League reserves the right to deny participation to anyone subject to rules and guidelines of the league and the league by-laws. All coaches are selected every year from the approved applications. Teams are assigned based on need.

Note: I agree to attend the mandatory coaches meeting on March 10, 2018. INITIALS

* Not every person who applies will be chosen to coach a team or umpire.

APPLICANT SIGNATURE

DATE

*****Applicant MUST complete the reverse side of this application in full in order to be considered*****



Little League® Volunteer Application - 2018

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

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____

First Middle Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage or upon request) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and Year): _____

1. Do you have children in the program? _____ Yes No

If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? (list) Yes No

3. Do you have a valid driver's license? _____ Yes No

Driver's license#: _____ State _____

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? _____ Yes No

If yes, describe each in full: _____

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) _____ Yes No

If yes, describe each in full: _____

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? _____ Yes No

If yes, describe each in full: _____

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? _____ Yes No

If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

- League Official
- Umpire
- Manager
- Concession Stand
- Coach
- Field Maintenance
- Scorekeeper
- Other

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

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), 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, 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 _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Regulation 1(c)(9) Mandates First Advantage or another provider that is comparable

* First Advantage Sex Offender Registry Data along with National

Criminal Records check of at least 281 million records

***Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.**

Only attach to this application copies of background check reports that reveal convictions of this application.