



LADERA RANCH LITTLE LEAGUE
2018 SNACK BAR YOUTH HELPER APPLICATION

Applicant's Name: _____ D.O.B. _____ Age: _____

Address: _____

City: _____ Zip Code: _____ Telephone: _____

Cell #: _____ Email Address: _____

Affiliation to LRL: _____

Parent's Name: _____

Telephone: _____ Cell #: _____

Parent's Email Address: _____

Reference (someone who can vouch for your responsibility, not a family member)

Name: _____ Relationship: _____

Phone #: _____

Additional Emergency Contact (besides parent/guardian listed above)

Name: _____ Relationship: _____

Telephone: _____ Cell #: _____

I, _____ am willing to comply with the Ladera Ranch Little League Youth Helper Guidelines:

*****There will be a mandatory meeting on February 3, 2018 at the Cox Snack Bar to discuss the guidelines and expectations of working in the snack bar. The time will be sent out at a later date. If you want to be assigned a shift for the season, you MUST attend. *****

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

ALL days/times available on a consistent basis: (snack bar is only open T, W, Th & Sat)

_____ Tues _____ Wed _____ Thur _____ Sat

**This information will be used when making phone calls for scheduling and emergency purposes only. Filling out this application does not guarantee that you will receive shifts. References will be checked. For questions, please contact Laura Hester at keychainbling@gmail.com or cell phone at 805.603.6090