♦♦♦ LITTLE LEAGUE® BASEBALL CANADA VOLUNTEER APPLICATION FOR 2024 ♦♦♦ 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	Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program. Do not use a family member as a reference. Indicate if the reference is aware that you are using him/her as a reference:
Address	Name/Phone
City Prov Postal code	
Phone: HomeCell Business	
E-mail address	Little League® Baseball Canada has implemented a screening program for all Little League volunteers. 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 continue to be active with the organization, which may include a review of sex offend 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 understand that, if appointed, my position is conditional upon the league receiving the second
Date of Birth	
Occupation	
Employer	
Address	inappropriate information on my background. I hereby release and agree to hole
Special professional training, skills, hobbies:	harmless from liability the local Little League, Little League® Baseball Canada, Little
Community affiliations (clubs, service organisations, etc.):	League® Baseball Incorporated, the officers, employees, and volunteers thereof, or an 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
Previous volunteer experience (including baseball/softball) and year:	volunteer position. If appointed, I understand that, prior to the expiration of my term,
1. Do you have children in the program? Yes D No D If yes, list full name and	am subject to suspension by the President and removal by the Board of Directors fo
what level	violation of Little League® policies or principles. Applicant Signature Date
2. Special Certification (i.e. CPR, Medical etc.): Yes 🗆 No 🗆	If Minor/Parent Signature Date Date
3. Do you have a valid driver's license: Yes □ No □	
Driver's license #:Prov 4. Have you ever been convicted of or plead guilty to any crime(s) involving or	Applicant Name (please print or type)
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,
If yes, describe each in full:	creed, colour, national origin, marital status, gender, sexual orientation, or disability.
 Have you ever been convicted of or plead 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 voulunteer.)	Local League Use Only:
 Do you have any criminal charges pending against you regarding any 	Background check completed by league officer
crime(s)?: Yes 🗆 No 🗆	On
If yes, describe each in full:	
Yes I No I If yes, explain:	Attach copy of background check reports that reveal convictions of this applicant.
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 🗍	"Help Keep Our Little Leaguers Safe"