♦♦♦ LITTLE LEAGUE® BASEBALL CANADA VOLUNTEER APPLICATION FOR 2025 ♦♦♦

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	· ·	e of which has knowledge of your participation Do not use a family member as a reference.
Name		Date	Indicate if the reference is aware that yo	ou are using him/her as a reference:
Address			Name/Phone	
City	Prov	Postal code		
Phone: Home	Cell	Business		
E-mail address			_	nplemented 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
				ion, which may include a review of sex offender only searches which may result in a report being
Employer				e), child abuse, and criminal history records. I
Address				ion 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 p	rovide such information. I also understand that, ttle League is not obligated to appoint me to a
Previous volunteer ex	perience (including basebal	/softball) and year:	volunteer position. If appointed, I under	stand that, prior to the expiration of my term, I lent and removal by the Board of Directors for
 Do you have children in the program? Yes □ No □ If yes, list full name and what level 			violation of Little League® policies or principles. Applicant Signature Date	
2. Special Certification (i.e. CPR, Medical etc.): Yes ☐ No ☐				Date
3. Do you have a valid driver's license: Yes ☐ No ☐ 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 guich in full:	ilty to any crime(s)? Yes □ No □	Local League Use Only:	
	(Answering yes to question 5, does not automatically disqualify you as a voulunteer.)		Background check completed by league officer	
crime(s)?: Yes□	Do you have any criminal charges pending against you regarding any crime(s)?: Yes ☐ No ☐ If yes, describe each in full:		On	
7. Have you ever been refused participation in any other youth sports program? Yes □ No □ If yes, explain:			Attach copy of background check reports that reveal convictions of this applicant.	
In which of the follow	ing would you like to partici	pate? (Check one or more.)		
League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐ Manager ☐ Scorekeeper ☐ Concession Stand ☐ Other ☐			"Help Keep Our	Little Leaguers Safe"