



# 2015 DPLL Volunteer Form

A \$100 Volunteer Fee is required for each player. This fee will be refunded after the family's volunteer activity has been completed and confirmed. Indicate your top two choice(s) below. Activities 3, 4, 5, 7 & 8 are usually assigned by the Manager. Families who are unable to volunteer may select Option 9.

This form must be turned into the Registrar before player can attend tryouts.  
Mail to DPLL at P.O. Box 8245, Goleta, CA., 93118.

**Player's Name** \_\_\_\_\_

**Division** \_\_\_\_\_

**Check Two Activities**

**Volunteer Name**

1.	<input type="checkbox"/>	Board of Directors		
2.	<input type="checkbox"/>	Manager		
3.	<input type="checkbox"/>	Coach	Max of 3 per team; 5 per Tball team	
4.	<input type="checkbox"/>	Team Parent		
5.	<input type="checkbox"/>	Umpire	Min. of 3 games in Farm, Minors, Majors or Juniors	
6.	<input type="checkbox"/>	Concessions	Min. of 2 per team, 2 shifts each; Tball teams work Sat; each family to work 3 2.5 hr shift during season	
7.	<input type="checkbox"/>	Scorekeeper	Max 2 per team; min of 7 games	
8.	<input type="checkbox"/>	Groundskeeper (pre/post game)	max 3 per team; min 10 games	
9.	<input type="checkbox"/>	Gift	(Volunteer fee donated to DPLL; no activity required)	

\*\*\*\*\* DPLL Use Only \*\*\*\*\*

Volunteer Activity Confirmed by \_\_\_\_\_ Position \_\_\_\_\_

Team \_\_\_\_\_ Division \_\_\_\_\_

Vol Fee (check one):    \_\_\_ To be refunded    \_\_\_ Gifted to DPLL  
                                  \_\_\_ Forfeited to DPLL    \_\_\_ Never collected

Date check was returned \_\_\_\_\_ By whom? \_\_\_\_\_

Comments:



# Little League Volunteer Application -2015

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 \_\_\_\_\_

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): \_\_\_\_\_

Do you have children in the program? Yes  No  If yes, list full name and what level? \_\_\_\_\_

Special Certification (CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes  No

If yes, describe each-in full: \_\_\_\_\_

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?  Yes  No If yes, describe each in full: \_\_\_\_\_

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  Coach  Umpire  Field Maintenance

Manager  Scorekeeper  Concession Stand  Other

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

**Name/Phone**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 policies 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):

Sex Offender Registry  Criminal History Records  \*First Advantage

*\*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.**