



Volunteer Requirements 2018

*Change to 2018 – Volunteers who are minors are required to complete the Little League® Volunteer Applications.

Volunteer Application:

Prior to filling out either the New or Returning Volunteer Application, email the Director of Safety at safety@crhl.com for a link to fill out Volunteer Application electronically.

- Returning Volunteers Application (E-mail application to safety@crhl.com):
 - Fill out the Little League Application: ([See Appendix 1 for Example](#))
 - http://www.littleleague.org/Assets/forms_pubs/returning-volunteer-app18.pdf
- New Volunteers Application (E-mail application to safety@crhl.com):
 - Fill out the following application: ([See Appendix 2 for Example](#)):
 - http://www.littleleague.org/Assets/forms_pubs/volunteer-app18.pdf
 - Submit Copy of Form of Identification (Driver's License, Passport or *School ID for Minors*)

Background Clearances:

Pennsylvania State Act 153 requires three clearances for all volunteers who come in contact with children including but not limited to Board Members, Coaches, Team Parents, Snack Shack Workers & Umpires. This process will take you ~15 minutes, is valid for (60) Months and is free as a Volunteer. If you have completed this for another volunteer position or employment in PA, please forward all copies of the paperwork to safety@crhl.com and they will be evaluated (**Not Required for Minors**):

Pennsylvania Child Abuse History Clearances (CY113)

- **Step 1:** www.compass.state.pa.us/cwis/public/home
- **Step 2:** Capture a screen shot from your computer that your application is in process and E-mail to safety@crhl.com
- **Step 3:** Submit Final Clearance upon receipt ([See Appendix 3 for Example](#))

Pennsylvania Criminal Record Checks (SP4-164)

- **Step 1:** <https://epatch.state.pa.us/Home.jsp> (or download the file and mail to the PA State Police: <https://epatch.state.pa.us/help/SP4-164A.doc>)
- **Step 2:** If completed online you should receive a "Control #" immediately after your application is finished, which should allow you to download, save and e-mail your clearances to safety@crhl.com ([See Appendix 4 for Example](#))

Federal Bureau of Investigations (FBI) Criminal Background Checks (*Select 1 of the Options below*)

- **Option 1:** Applicant must swear or affirm in writing that they are a continuous resident of Pennsylvania for the last 10 years or are not disqualified from service based upon a conviction of an offense under Statute 6344.2
 - **Step 1:** Read and Sign CRHLL Disclosure Statement ([Click Here for CRHLL's Disclosure Statement](#)) ([See Appendix 5 for Example](#))



Council Rock Holland Little League (CRHL)
 Non-Profit 501(c)(3)
 P.O. Box 104
 Richboro, PA 18954
safety@crhll.com
www.crhll.com

- **Option 2:** Pennsylvania Department of Human Services is utilizing Cogent Systems to process fingerprint-based FBI criminal background checks. The fingerprint based background check is a multiple step process
 - **Step 1:** www.pa.cogentid.com//index_dpw.htm
 - **Step 2:** Submit Clearances to safety@crhll.com

**Scanned Records of all files are acceptable*

***All Minors will be checked against the Sex Offender Registry Database by CRHLL Safety Directory, no action required by volunteer.*

Appendix 1 – Returning Volunteer Application:

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Little League® “Returning” Volunteer Application - 2018

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

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out this returning volunteer application. Otherwise, please use the standard volunteer application.

1. Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?
 If yes, describe each in full: _____ Yes No
2. Have you ever been convicted of or plead guilty to any crime(s)?
 If yes, describe each in full: _____ Yes No
(Answering yes to question 2, does not automatically disqualify you as a volunteer.)
3. 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 3, does not automatically disqualify you as a volunteer.)
4. Have you ever been refused participation in any other youth program? Yes No
 If yes, explain: _____
5. In which of the following would you like to participate? (Check one or more.)

<input type="checkbox"/> League Official	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Coach	<input type="checkbox"/> Manager	<input type="checkbox"/> Other
<input type="checkbox"/> Umpire	<input type="checkbox"/> Scorekeeper	

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 Name (please print or type) _____
 Applicant Signature _____ Date _____
 If Minor/Parent Signature _____ Date _____

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.

Please update ONLY the information in this section which has changed since last year.

Name _____
First Middle Last
 Address _____
 City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone _____
 Work Phone: _____ E-mail Address: _____
 Driver's License#: _____
 Occupation: _____
 Employer: _____
 Address: _____

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

Name/Phone _____ / _____
 _____ / _____
 _____ / _____
 Special professional training, skills, hobbies: _____

Special Certification (NPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

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

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>

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____
(System(s) used for background check (minimum of one must be checked): Regulation (s)(9) Mandates First Advantage or another provider that is compatible)

*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 volunteer that they will receive a letter directly from Lexipol 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.



Appendix 2 – New Volunteer Application:
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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
 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.)? (list) _____ Yes No
- 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: _____
- 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 volunteer.)
- 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.)
- 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 league and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____
 Minor/Parent Signature _____ Date _____
 Applicant Name (please print or type) _____

Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, 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 I(c)(9) Mandatory 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.



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Appendix 3 – PA Child Abuse Clearance:
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**PENNSYLVANIA CHILD ABUSE
 HISTORY CERTIFICATION**

001943R02-0010101

SA


CERTIFICATION I
 CERTIFICATION F
 VERIFICATION D,
 SOCIAL SECURIT
 DATE OF BIRTH:

The above named person has applied for a Pennsylvania Child Abuse History Certification pursuant to 55 Pa. C.S., Chapter 3 related to the Child Protective Services Law. **NO RECORDS** were found in the Pennsylvania Department of Human Services' Statewide database listing the applicant as a perpetrator of an Indicated or Founded report of child abuse.

Applicants are required to show the Administrator the results of the Child Abuse History Certification. Administrators are required to keep a copy of this Child Abuse History Certification on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

ISSUED BY Commonwealth of Pennsylvania
 Department of Human Services
CHILDLINE AND ABUSE REGISTRY
 ChildLine Verification Unit
 P.O. Box 8170
 Harrisburg, PA 17105-8170
 1-877-371-5422

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

046390
CY8930 - 6.00




Appendix 4 – PA Criminal Record Check:

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Pennsylvania State Police
1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

THE CERTIFICATE IS ONLY VALID FOR VOLUNTEER PURPOSES. THE PENNSYLVANIA STATE POLICE DOES NOT AUTHORIZE THIS FORM FOR ANY OTHER USE

TELEPHONE(215) 499-0181

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: [REDACTED]
Date of Birth: [REDACTED]
Social Security #: [REDACTED]
Sex: [REDACTED]
Race: [REDACTED]
Date of Request: [REDACTED]
Purpose of Request: [REDACTED]

Maiden Name and/or Alias (1) [REDACTED] (2) [REDACTED]
(3) [REDACTED] (4) [REDACTED]

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS REFER TO CONTROL #R15367081 *****

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDE POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.state.pa.us/RCStatusSearch.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A CONTROL RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-868-QUERY-PA (1-868-783-7972)

Certified by:

Kevin J. Deskiewicz


DISSEMINATED BY: SYSTEM
12/01/2015 06:38 PM

Lieutenant Kevin J. Deskiewicz, Director
Criminal Records and Identification Division
Pennsylvania State Police



Appendix 5 – Disclosure Statement:

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Council Rock Holland Little League
P.O. Box 104
Richboro, PA 18954
baseball@crhl.com
www.crhl.com

Disclosure Statement

Pennsylvania Title 23 – 6344.2 Volunteers having contact with children

I swear/affirm that I am seeking a volunteer position and am not required to obtain clearance through the Federal Bureau of Investigation, a):

- The position I am applying for is unpaid; and I have been a resident of Pennsylvania during the entirety of the previous (10) year period

Further, I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years. I swear/affirm that I have not been convicted of any one of the below listed offenses, or any equivalent crime under the law or the law of another state:


<ul style="list-style-type: none"> • Criminal homicide • Aggravated assault • Stalking • Kidnapping • Unlawful restraint • Rape • Statutory sexual assault • Involuntary deviate sexual intercourse • Sexual assault • Aggravated indecent assault • Indecent assault 	<ul style="list-style-type: none"> • Indecent exposure • Incest • Concealing death of a child • Endangering welfare of children • Dealing in infant children • Prostitution and related offenses • Offenses relating to obscene and other sexual material and/or performances • Offenses relating to corruption of the morals of a minor • Offenses relating to sexual abuse of children.
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I am swearing/affirming these facts subject to the penalties of 18 Pa. C.S. §49 relating to unsworn falsification to authority. I understand that if I willfully fail to disclose the information requested above, I commit a misdemeanor of the third degree.

I hereby swear/affirm that the information as set forth above is true and correct.

Name (Printed): _____

Signature: _____ Date: _____



www.crhl.com | www.facebook.com/crhl | www.twitter.com/crhl

CRML_ChrchousandStatement201623_02062016.docx
February 6, 2016