## LITTLE LEAGUE $_{\scriptscriptstyle (\! \! \mathbb{R}\!)}$ BASEBALL AND SOFTBALL TOURNAMENT UMPIRE REQUEST FORM 20

Requests must be sent in to your Regional Director annually prior to November 1st to keep names active. **NOTE:** Your District Administrator must recommend you for all assignments requested.

Address:	Street			City		State	Zip
alanhana: Hom			Mork			Cell: ( )	-
	e.()		VVOIK	.()			
-Mail: *************	******	*****	*****	*****	*****	*****	*****
		REC	UESTING AS	SIGNMENT	(Mark only one	e)	
R	EGIONAL_		WO	RLD SERIE	S		
B	ASEBALL:	LL	JR	SR	BL		
S	OFTBALL:	LL	JR	SR	BL		
LIT	TLE LEAG	UE VOLU	NTEER UMPI	RING EXPE	RIENCE: (Most	Recent Listed F	irst)
. WORLD SERI	<u>ES EXPERI</u>	<u>ENCE (in</u>	dicate the yea	ar in which	you umpired ea	<u>ach series</u>	
aseball:	LL		JR		SR	BL	
oftball:	LL		JR _		SR	BL	
. <u>REGIONAL TC</u>	URNAMEN	IT EXPER	IENCE (indic	ate the yea	r in which you u	umpired each reg	gional)
Baseball:	LL		JR		SR	BL	
oftball:	LL		JR		SR	BL	
. Are you prese	ently a mem	ber of the	Umpire Regis	stry?	<b>D</b> YES	□NO	
. Have you eve	er attended	a Little Le	ague Umpire S	School?	<b>D</b> YES	□NO	
lf yes, year at	tended and	where: _					
						el of Little League ars <b>□</b> more than 2	
	-		•	-	•	e umpire and hav	•
		-	-		ept, if offered, ar	-	
-					• • •	f you have left the	program,
indicate the ye	ear in which	you return	ied				
mpire Signature	:			Da	ate:		
				•		o the Tournament( of my knowledge.	,
•							
•			DISTF	RICT NUMB	ER		

A copy of a valid government-issued photo ID <u>MUST</u> accompany form.



## Little League. Volunteer Application - 2012

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 <u>ATTACHED</u> TO COMPLETE THIS APPLICATION.

Name	Da	te
Address		
City	State	Zip
Cell Phone	Business Phone	
E-mail Address:		
Date of Birth		
Occupation		
Social Security #(mandatory uj		
Employer		
Address		
Special professional trainir	ıg, skills, hobbies:	
Community affiliations (C	lubs, Service Organization	ns, etc.):
Previous volunteer experie	nce (including baseball/so	oftball and year):
Do you have children in the what level?		
Special Certification (CPR	, Medical, etc.):	
Do you have a valid driver's	·	
Driver's License#:		State
Have you ever been convict If yes, describe each in full:	ted of or plead guilty to ar	ny crime(s): Yes 🗖 No 🗖
Have you ever been refused If yes, explain:	/	er youth programs? Yes⊡No □
In which of the following v League Official 🔲 Coach Manager 🔲 Scorekeeper	🔲 Umpire 🗖 Field Ma	intenance 🗌

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, 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 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:

В	ac	kground	l C	heck	C	comp	letec	l	by	league	office
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System)s) used for background check (minimum of one must be checked): Sex Offender Registery Criminal History Records \*LexisNexis

\*Please be advised that if you use LexisNexis 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.