



MANAGER APPLICATION & CONTRACT

Personal Data

Division Applying for: _____

Name _____ Home Phone _____
 Address _____
 Previous Address (if less than 2 years): _____
 Employer _____ Occupation _____
 Address _____ Work Days _____
 Work Phone _____ Work Hours _____
 Email _____ Pager/Cell _____

Previous Experience working w/children Including managing a sports team, coaching, teaching

When	Where	Position

Additional Qualifications Including clinics, seminars, certifications

When	Where	Activity

Why do you want to Manage a Little League team?

- _____
- I am willing to attend coaching clinics, and to adapt my coaching to the NWDLL methods. Yes / No
 - I will attend all manager's meetings, will follow all rules set forth by Little League Headquarters and NWDLL, and will abide by the decisions of the NWDLL Board of Directors. Yes / No
 - I will assist in recruiting volunteers for umpiring, coaching and working the snack bar, and will promote and encourage participation in league fundraisers and other league activities. Yes / No
 - I understand and will respect the confidentiality of tryouts, drafts, and all-star selections, and I will not lead any child to believe they will play on my team or any other team. Yes / No
 - I will make the physical and emotional safety and security of all children, on every team, my personal responsibility. Yes / No

My Child's 2010 League Age _____

I understand that regardless of previous appointments as coach, manager or other volunteer position, I may not be appointed to manage a team. 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.

Applicant Signature _____ Date _____
 Team Assigned _____ Date _____



Little League Volunteer Application - 2010

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

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

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

Name

Phone

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Business Phone _____

E-mail Address: _____

Date of Birth _____

Occupation _____

Social Security # (mandatory) _____

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): 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

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct a background check on me, 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 _____

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 *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.

1-02-10-VOLUNTEER APPLICATION 2010