LITTLE LEAGUE $_{\tiny{\textcircled{\tiny \$}}}$ 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.

Name:												
Address:	01					0:1				01		
	Stree	τ				City				Sta	ате	Zip
Telephone: I	Home:(_)			Work	k:()				Cell: (_)	
E-Mail:												
*****	*****	****				·****** SSIGNM					*****	*****
	REGION	AL_			wc	ORLD SE	RIES_				_	
	BASEBA	LL:	LL		JR	INT		_SR		BL		-
	SOFTBA	LL:	LL		JR	SR_		_BL				
	LITTLE LI	EAGI	JE VOL	UNTEE	R UMP	IRING E	XPERIE	ENCE:	(Most I	Recent I	Listed	First)
1. WORLD S	SERIES EXI	PERI	ENCE (indicate	e the ye	ear in wh	ich you	<u>ı umpi</u>	red ead	<u>ch serie</u>	<u>s</u>	
Baseball:	LL		JR _		INT_		SR_		BL_			
Softball:	LL		JR _		ISR_		BL_					
2. <u>REGIONA</u>	L TOURNA	MEN	T EXPE	RIENC	E (indic	cate the	year in	which	you uı	mpired o	each re	gional)
Baseball:	L	L		JR _		INT	 	SR_		_ BL_		-
Softball:	L	L		JR _		SR_		BL_				
3. Are you presently a member of the Umpire Registry?								□ YE	S	□NC)	
4. Have you ever attended a Little League Umpire School?								□ YE	S)	
If yes, ye	ar attended	and	where:									
	the number □Less tha	•	•				•		•		_	e Baseball and 20 years
-	at I am curre for umpirin	-							_			ve not received
7. I certify tha	at I have no	t had	a breal	c in serv	ice with	the Little	e Leagu	ıe progi	am. If	you have	e left th	e program,
indicate th	ne year in w	hich	you retu	ırned _								
Umpire Signa	ature:						_Date:					
I hereby nom has requeste												t(s) that he or sl
STATE					DIST	RICT NU	IMBER	_				
DISTRICT ADMINISTRATOR SIGNATURE									D.	ATE:		

NOTE: Forms received after November 1st will not be considered.

DO NOT SEND RESUMES OR ANY OTHER ADDITIONAL INFORMATION.

Complete Volunteer Application on back of this form.

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



Manager \square

Little League Volunteer Application -2013

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 _____ City ______ State _____Zip _____ Social Security # (mandatory with LexisNexis or upon request) Cell Phone ______ Business 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 \(\square\) No \(\square\) Driver's License#: State Have you ever been convicted of or plead guilty to any crime(s): Yes \square No \square 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 □

Scorekeeper ☐ Concession Stand ☐

Other \square

Please list three references, at least one of which has knowle a volunteer in a youth program:	edge of your participation as
Name/Phone	
·	
AS A CONDITION OF VOLUNTEERING, I give permission for organization to conduct background check(s) on me now and be active with the organization, which may include a review of child abuse and criminal history records. I understand that, if conditional upon the league receiving no inappropriate inform I hereby release and agree to hold harmless from liability the League Baseball, Incorporated, the officers, employees and vother person or organization that may provide such informat regardless of previous appointments, Little League is not oblivolunteer position. If appointed, I understand that, prior to the I am subject to suspension by the President and removal by the violation of Little League policies or principles.	d as long as I continue to of sex offender registries, appointed, my position is mation on my background. I clocal Little League, Little colunteers thereof, or any ion. I also understand that, igated to appoint me to a the expiration of my term,
Applicant Signature	Date
If Minor/Parent Signature	Date
Applicant Name(please print or type)	
NOTE: The local Little League and Little League Baseball, Incorporate against any person on the basis of race, creed, color, national origin, orientation or disability.	
LOCAL LEAGUE USE ONL	Y:
Background check completed by league officeron	
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 ma only name match searches can be performed you should notify volun letter directly from LexisNexis in compliance with the Fair Credit Repo tion regarding all the criminal records associated with the name, whi league volunteer.	teers that they will receive a orting Act containing informa-
Only attach to this application copies of backs	