



Little League Volunteer Application - 2016

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

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 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.



127 Mount Vernon Street
Boston, MA 02128
(617) 227-5838

VOLUNTEER APPLICATION

Position Desired: _____ Date: _____
Name: _____ DOB: _____
Address: _____
Telephone: _____ Social Security: _____
Email Address: _____

Are you currently employed? ☐ Yes ☐ No

If yes, where? _____

Have you previously volunteered for Hill House? ☐ Yes ☐ No

If you answered yes, please describe any previous work: _____

High School attended: _____

Attended from: _____ Attended to: _____

College attended: _____

Attended from: _____ Attended to: _____

Date of graduation: _____

Are you fluent in any foreign language? ☐ Yes ☐ No

If yes, please list which language: _____

Have you played any organized sports? ☐ Yes ☐ No

If yes, which sports did you play? _____

Do you have any special hobbies or talents? ☐ Yes ☐ No

If you answered yes, please describe: _____

Licenses or certificates that you currently hold: (please provide copies)

☐ First Aid

☐ CPR

☐ Lifeguard

☐ Other (please explain below)

What age group would you prefer working with? _____

When are you available to volunteer?

Days: _____

Times: _____

Please describe any experience working with children:

If you are completing community service hours, how many hours do you need to complete? _____

When must they be completed? _____

Do you require a letter confirming completion of these hours? ☐ Yes ☐ No

Have you ever been convicted to a crime; including drugs, sex-related or child abuse related offenses? ☐ Yes ☐ No

If you answered yes, please explain: _____

Please list three references that we may contact regarding your character:

Name

Address

Telephone

Hill House Inc. reserves the right to conduct CORI (Criminal Offender Registry Information) and SORI (Sex Offender Registry Information) checks on all potential volunteers.

Applicant's Signature

Date

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Quality
99 Chauncy Street, 11th floor, Boston, MA 02111
617-753-8000

Criminal Offender Record Information (CORI) Acknowledgement Form

The Department of Public Health, Division of Health Care Quality, is certified by the Department of Criminal Justice Information Services (DCJIS) to screen applicants for licenses to operate health care facilities and programs. As a licensure applicant, I understand that a CORI check will be submitted to DCJIS for my personal information. I understand that a criminal offender record information (CORI) check will be conducted for conviction and pending criminal case information, only, and that such information will not necessarily disqualify me. The information below is correct to the best of my knowledge. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS.

Signature	Date
-----------	------

*Last Name	*First Name	Middle Name	Suffix
------------	-------------	-------------	--------

Maiden Name (or other name(s) by which you have been known)

*Date of Birth, mm/dd/yyyy	Place of Birth	XXX / /
----------------------------	----------------	---------

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height	ft	in	Eye Color	Race
---	--------	----	----	-----------	------

Driver's License or ID Number	State of Issue
-------------------------------	----------------

Mother's Full Maiden Name	Father's Full Name
---------------------------	--------------------

Current Address

Street Number & Name	City/Town	State	Zip
----------------------	-----------	-------	-----

Former Address

Street Number & Name	City/Town	State	Zip
----------------------	-----------	-------	-----

DPH/DHCQ use only. The above information was verified by reviewing the following form(s) of government-issued identification:	
Name of Verifying Employee (Please Print)	Signature of Verifying Employee



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Care Quality

99 Chauncy Street, 11th floor, Boston, MA 02111

617-753-8000

CORI

The Department of Public Health (Department) is required to conduct suitability reviews for all applicants applying for licensure as new health care providers. The review includes a criminal background check of the applicant. Accordingly, The Department has been certified by the Executive Office of Public Safety, Criminal History Systems Board, for access to reports from the criminal offender record information system.

The enclosed Criminal Offender Record Information (CORI) form must be completed and returned with the license application for all individuals (use full names) identified below so that determinations of suitability and responsibility can be made in a timely manner.

- All individuals who hold a 5% or greater ownership or managerial interest in the facility;
- If the applicant is a partnership, CORI forms must be completed for all general and limited partners with 5% or greater ownership interest in the partnership;
- If the applicant is a for profit corporation, CORI forms must be completed for all officers, directors and holders of 5% or more of the corporation's stock;
- If the applicant is a not for profit organization, CORI forms must be completed for the officers of the board of directors, the executive committee, or other such governing body that has direct and ultimate control over the operation and compliance performance of the facility.
- The program administrator.

In order to verify the information on your CORI request form, you may either (1) deliver your application to us in person, at which time we will verify the information on your request form, or (2) include a photocopy of a government-issued photographic identification with your request form.

Government-issued photographic identification includes, but is not limited to: state issued drivers license, state issued photographic identification card, passport, or US military ID. We are not able to accept an identification card issued by a private employer or, with the exception of a passport, by a non-US or state government agency.

If you have any questions or concerns regarding the completion of these CORI forms please contact Pearlina Mills (617) 753-8124.

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

SORB USE ONLY

SOR Form 4 (05/11)