

Little League Volunteer Application - 2017

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. Address _____ City State Zip Social Security # (mandatory with First Advantage) Business Phone Cell Phone — Home Phone: _____ E-mail Address: ____ Date of Birth Occupation _____ Employer _____ 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 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) involving or against a minor?: Yes \(\subseteq \) No \(\subseteq \) 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 \square No \square

Field Maintenance

Other \square

If yes, explain:

In which of the following would you like to participate? (Check one or more.)

Scorekeeper Concession Stand

Coach Umpire

League Official

Manager

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 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 System)s) used for background check (minimum of one must be checked): Regulation I(c)(9) Mandates First Advantage or another provider that is comparable Sex Offender Registry Data along with a National Criminal *First Advantage 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.



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

VOLUNTEER APPLICATION

Position Desired:		Date:		
Name: DOB:				
Address:				
Telephone:				
Email Address:				
Are you currently employed? □ If yes, where? □	Yes			
Have you previously volunteered for	r Hill House? [□ Yes □ No		
If you answered yes, please describe				
ir you ams werea yes, prease aeserree	rung provious w	<u></u>		
II' 1 G 1 1 1 1 1 1				
High School attended:		1 . 1		
Attended from:College attended:				
Attended from:				
Date of graduation:				
				
	0 🗆 🗸			
Are you fluent in any foreign langua	•			
If yes, please list which language: _				
Have you played any organized and	eta? 🗆 Vas	□ No		
Have you played any organized spor				
If yes, which sports did you play? _				
Do you have any special hobbies or	talents? \(\subseteq \text{ Y}	es □ No		
If you answered yes, please describe):			

Lic	enses or certificates that y	you currently hold: (please provide copies)	
	First Aid		CPR	
	Lifeguard		Other (please explain below)	
Wh	nat age group would you page are you available to vo Days: Times: ase describe any experien	olunteer?		
If v	you are completing comm	unity service hours	how many hours do you need to comple	
•	en must they be complete	•	• •	ic:
Do	you require a letter confi	rming completion of	these hours? Yes No	
Hav	ve vou ever been convicte	ed to a crime; includi	ng drugs, sex-related or child abuse rela	ated
	enses? \square Yes \square N			
Ple	ase list three references th	nat we may contact r	egarding your character:	
Naı	me	E-mail	Te	elephone
		_	(Criminal Offender Registry Information ecks on all potential volunteers.)
Ap	plicant's Signature			
— Dat	te	_		

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 n	ame(s) by which you	have been k	nown)			
1				XXX /	/	
*Date of Birth, mm/dd/	уууу	Place	of Birth	*Last Six Digi	ts of Your Social S	ecurity Number
Sex M F	Height	ft	in	Eye Color	Race	
Driver's License or ID N	ımber		Sta	te of Issue		
Mother's Full Maiden Na	me		Fat	her's Full Name		
Current Address						
Street Number & Name		Cit	y/Town		State	Zip
Towns Address						
Former Address						
Street Number & Name		Cit	y/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 Empl	ovee (Please Print)		Sig	nature of Verifying Employe	re.	



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.

Commonwealth of Massachusetts Sex Offender Registry Board

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

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.	SORB USE ONLY
All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.	
7	Date of birth: 9/14/87
Organization name: (if any) H: 11 House	
Address: 127 Mount Venon Street	Telephone number: (617) 227 5858
Baston, MA 02108	
for my own protection, the protection of a child under 18 years of ag care or custody. Requestor's signature:	named person, at least 18 years of age, and I am requesting information ge, or for the protection of another person for whom I have responsibility Date: The identified individual is a sex offender required to register in Massachusetts.
Subject's LAST NAME:	
Subject's FIRST NAME::	
Subject's MIDDLE INITIAL:	
Date of birth or approximate age: / / /	
M M D D Y	Y Y Y AGE
Address (PRINT):	
Personal identifying characteristics:	
Sex: Race: Height: Weight: E	ye Color: Hair Color:
Other information (e.g. license plate number, parents' names, etc.):	

If additional information is needed, please contact the Requestor at the telephone number above.

***********WARNING********

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).