



2019 Umpire Application



Jeff/GRC Little League

Applicant Name _____ (Please Print) **Date:** _____

Address: _____ **Home Phone:** _____

City: _____ **State** _____ **Zip** _____ **Cell Phone:** _____

List years active as Little League (or equivalent) umpire:

Year _____ to _____ League Name _____

Year _____ to _____ League Name _____

Year _____ to _____ League Name _____

Year _____ to _____ League Name _____

Check Division That You Are Able To Umpire:

<u>Baseball Division:</u>	<u>Baseball Division:</u>	<u>Softball Division:</u>	<u>Softball Division:</u>
T-Ball	Minor	Farm	Major
<input type="checkbox"/> Machine	<input type="checkbox"/> Plate	<input type="checkbox"/> Plate	<input type="checkbox"/> Plate
<input type="checkbox"/> Plate	<input type="checkbox"/> Base	<input type="checkbox"/> Base	<input type="checkbox"/> Base
PeeWee	Major	Minor	Junior
<input type="checkbox"/> Machine	<input type="checkbox"/> Plate	<input type="checkbox"/> Plate	<input type="checkbox"/> Plate
<input type="checkbox"/> Plate	<input type="checkbox"/> Base	<input type="checkbox"/> Base	<input type="checkbox"/> Base
Farm	Junior		
<input type="checkbox"/> Plate	<input type="checkbox"/> Plate		
<input type="checkbox"/> Base	<input type="checkbox"/> Base		

Applicant Signature: _____

BOARD USE ONLY	Application Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	Government Photo I.D.:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	Background Check Clear:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____



Little League® Volunteer Application - 2019

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 _____

First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

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): _____

1. Do you have children in the program? Yes No

If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? (list) Yes No

3. Do you have a valid driver's license? Yes No

Driver's License#: _____ State _____

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No

If yes, describe each in full: _____

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. 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 Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper 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: LittleLeague.org/BgStateLaws

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):
Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
Records check, as mandated in the current season's official regulations

**Please be advised that if you use JDP 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 or email directly from JDP 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.