## ♦♦♦ REVISED LITTLE LEAGUE CANADA VOLUNTEER APPLICATION ♦♦♦

League Name: Mt. Seymour Little League

orientation or disability.

DO NO	ot use forms from past years.	. озе ехна р	aper to complete if additional	space is required.		
Name	Age over 19?	Y/N		eferences on reverse. Please do not use a family		
Address			member as a reference. List one which has knowledge of your participation as a volunteer in a youth program if applicable. Please indicate if the reference is			
City	Prov. Postal		aware that you are using him/her as a reference.  Have you ever been convicted of a criminal offence for which no pardon has been granted? Please note that this does not mean you will be automatically disqualified from participating as a volunteer. This information will be held			
Home Phone	Business Phone					
List addresses in the last 5 years			in strict confidence by the League President or the designated person within the League.			
			Y/N			
Special Professional Training, skills, hobbies			If yes, please provide offence and approximate date of conviction:			
Previous volunteer experience (including baseball/softball and year):						
Special Certification (i.e. CPR, Medical etc.):			Little League Canada has instituted a Screening Program for all volunteers in the Child Safe Program. 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 police 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 Canada, 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			
Have you ever been refused participation in any other youth sports program?  If yes, explain  Y/N						
In which of the following would you like to participate? (Mark one or more.)			by the President and removal by the Board of Directors for violation of Little League policies or principles.			
League Official	Coach	Manager	Applicant Signature	Date		
Concession	Umpire	Other	Applicant Name (Please Print)			
NOTE: The local Little League, Little League Canada and Little League						
Baseball Incorporated will not disc of race, creed, colour, national or			"Help Keep Our Little Leaguer's Safe"			

Local leagues may require references for specific volunteer roles. If you are not sure if they are required, please discuss with the League registrar or President.

	Refer	ence	S				
Name		Phone					
Perso <b>Name</b>	n named is aware that they have been used as a reference	Phone	Y/N				
Perso <b>Name</b>	n named is aware that they have been used as a reference	Phone	Y/N				
Perso	n named is aware that they have been used as a reference		Y/N				
МТ	. SEYMOUR LITTLE LEAGUE BASEBA	ALL CC	ACHING COD	E OF CONDUCT			
	I treat everyone fairly within the context of the ion or economic status.	e activity	, regardless of ab	oility, gender, ethnic origin,			
. I w	I will act with integrity in performing all my duties with my players, their parents, and the local baseball association.						
. I wi							
. I wi	I display the highest standards of personal corpaching.		d project a favora	ble image of our sport and			
5. I will act at all times in the best interest of the development of the players and I will direct comments or criticism at the performance rather than the athlete.							
. I wi . I wi	I respect the rights, dignity and worth of every I treat opponents and officials with respect, but accordingly.	player a					
. I wi	I will support the role of the umpires in providing judgment to ensure that games are conducted fairly and according to established rules.						
. I wi	I accept responsibility for the conduct of the te I do my best to ensure the safety of the player						
have rea	d and will uphold the Baseball Coaching Code o	of Condu	ct as stated above	<del>2</del> .			
	Name			Date			