



INWOOD LITTLE LEAGUE NEW
 647 West 207th Street RETURN
 New York, N.Y. 10034
 (212) 942 – 0834
 InwoodBaseball@gmail.com
 www.InwoodBaseball.org
 FB: InwoodLLB, IG: InwoodLittleLeague

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION. PLEASE FILL IN ALL FIELDS.

FULL NAME _____

ADDRESS _____ APT _____

CITY _____ ST _____ ZIP _____

SOCIAL SECURITY _____
(Required for background check)

DATE OF BIRTH _____

CELL PHONE _____

2nd PHONE _____

EMAIL _____

Occupation _____

Employer _____

Special training, skills, hobbies _____

Baseball experience Novice Intermediate Experienced

(Specify) _____

VOLUNTEER FORM

Do you have a child in our league? YES NO

Child's Name _____ Age _____

Do you coach in any other youth leagues YES NO

In which division do you wish to coach?

Rookies (4yr) Superstars (5-6yr) Farms (7-9yr) Minors (9-11yr)

Majors (11-12yr) Juniors /Seniors (13-16yr) Girls Softball (9-16yr)

Comments _____

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.

I have been given a copy and agree to abide by the Coach's Code of Conduct and Sexual-Harassment Policy.

Signature _____ Date _____

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.