LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT UMPIRE REQUEST FORM 20____

Requests must be sent in to your Regional Director annually prior to November 1st to keep names active.
NOTE: Your District Administrator must recommend you for all assignments requested.

Name:_____

Address:_____
Street City State Zip

Telephone: Home:(_____)_____ Work:(_____)_____ Cell: (_____)_____

E-Mail: _____

REQUESTING ASSIGNMENT (Mark only one)

REGIONAL: ○ WORLD SERIES: ○

BASEBALL: LL ○ JR ○ INT ○ SR ○

SOFTBALL: LL ○ JR ○ SR ○

LITTLE LEAGUE VOLUNTEER UMPIRING EXPERIENCE: (Most Recent Listed First)

1. WORLD SERIES EXPERIENCE **(indicate the year in which you umpired each series**

Baseball: LL _____ JR _____ SR _____ BL _____

Softball: LL _____ JR _____ SR _____ BL _____

2. REGIONAL TOURNAMENT EXPERIENCE **(indicate the year in which you umpired each regional)**

Baseball: LL _____ JR _____ SR _____ BL _____

Softball: LL _____ JR _____ SR _____ BL _____

3. Are you presently a member of the Umpire Registry? ☐YES ☐NO
4. Have you ever attended a Little League Umpire School? ☐YES ☐NO

   If yes, year attended and where: _____

5. Indicate the number of years you have been a **volunteer umpire** for any level of Little League Baseball and/or Softball? ☐Less than 5 years ☐5 to 10 years ☐10 to 15 years ☐15 to 20 years ☐more than 20 years
6. I certify that I am currently involved in the program as a **volunteer** Little League umpire and have not received payment for umpiring Little League games and that I will accept, if offered, an assignment.
7. I certify that I have not had a break in service with the Little League program. If you have left the program, indicate the year in which you returned _____.

Umpire Signature: _____ Date: _____

I hereby nominate and approve the application of this Umpire for consideration to the Tournament(s) that he or she has requested, and certify that the information presented is accurate, to the best of my knowledge.

STATE _____ DISTRICT NUMBER _____

DISTRICT ADMINISTRATOR SIGNATURE_____ DATE: _____

NOTE: Forms received after November 1st will not be considered.
DO NOT SEND RESUMES OR ANY OTHER ADDITIONAL INFORMATION.
Complete Volunteer Application on back of this form.
A copy of a valid government-issued photo ID MUST accompany form.

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.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage) _____

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.