

Eau Gallie Little League Volunteer Application

A copy of valid government issued photo identification must be attached to complete this application.

Date: _____

Name: _____ Address: _____

City: _____ Fl Zip: _____ Date of Birth: _____ Social Sec #: _____

Phone: (H): _____ (W): _____ (C): _____

Occupation: _____ Employer: _____

Address: _____

Special Affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

Do you have children in the program? Yes No If yes, at what level? _____

Special Certification (i.e. 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): Yes No

If yes, describe in full: _____

Have you ever been refused participation in any other youth programs? Yes No Explain: _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name _____ Phone: _____

In which of the following would you like to participate? League Official Manager Coach Umpire
Field Maintenance Concessions Scorekeeping Opening Day Fundraising Team Rep Other

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 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 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 Name (please print): _____ Applicant Signature _____

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, martial status, gender, sexual orientation or disability

Local League Use Only:

Background check complete by league officer : _____

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry Criminal History Records

Only attach to this application copies of background check reports that reveal convictions of this applicant

Eau Gallie Little League

Managers/Coaches Commitment

Position Requested: Manager Coach Division Requested: Tee Ball Minor 7/8 Minor 9/10 Baseball
 Major Baseball Junior Baseball Senior Baseball Minor 7/8 Softball Minor 9/10 Softball Major Softball

Previous EGLL Positions Held:	Year:	Position:	Division & Team Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As a manager or coach in the Eau Gallie Little League program, I agree that I will:

1. Be willing to attend League meetings and that I am responsible during the entire year for:
 - a. Information given out by the EGLL Board at their meetings,
 - b. Announcements directed to managers and coaches by League officials, and
 - c. Information directed to players and/or parents that is given to managers and coaches.
2. Be willing to participate in League functions in order to assure the success of EGLL, including but not limited to: Recognition ceremonies; fund-raisers; field work parties; opening day; picture day; coaches meetings and coaches clinics.
3. Be willing to handle the administrative requirements of the team, the Board, and Little League, which includes getting accurate team rosters with addresses, birth dates (verified), and telephone numbers. **I WILL KEEP REGISTRATION FORMS WITH MEDICAL RELEASE AND EMERGENCY INFORMATION IN MY POSSESSION AT ALL PRACTICES AND ALL GAMES AND LEAGUE FUNCTIONS** as required by Little League.
4. Be willing to attend League and District coaching clinics and umpiring clinics for coaches; clinics regarding rules and safety; and be willing to learn more about baseball and how to teach young people to play baseball in a safe and proper manner. **(All managers and/or coaches are required to attend at least one day of coaching clinics before the first game).** I will attend clinics on first aid and safety as provided by the Board of Directors of EGLL. I will respect and attend to safety concerns and policies of the League when directing players and coaches at practices and at games. I will have League-provided first aid kits in my possession at all League functions.
5. Be responsible for the maintenance of facilities and ensure, with the help and cooperation of parents and players on my team that the stands and dugout areas are free of litter.
6. Be responsible for the proper safeguarding and use of all assigned League equipment and be responsible to turn in all such equipment promptly at the end of the season. (All equipment will be returned by all players/parents to coaches and managers at the field immediately after the last game of the season).
7. Be willing to work with all League personnel and to resolve differences professionally with the help of League Officials.
8. Be willing to learn and abide by the National Little League rules and the rules and bylaws of Eau Gallie Little League, and abide by the decisions of the League's Board of Directors
9. I understand that public use of foul or derogatory language or excessive criticism, use of alcoholic beverages, tobacco and any abuse of drugs at any time is not acceptable as an example for young people while officially representing the Eau Gallie Little League.
10. Be responsible for my team's umpire requirements and assignments. This includes recruiting two umpires from my team, assuring that they attend umpire clinics, practice games, regular season games and other umpire related meetings and programs.
11. I authorize Eau Gallie Little League to investigate my background through the Florida Department of Law Enforcement, the Florida Child Abuse Registry, or an equivalent inquiry to a federal law enforcement agency in order to verify and record for convictions of offenses, adjudication's of child abuse in a civil action or disciplinary board final decision. I further authorize release of this information to Eau Gallie Little League.

I understand that failure to comply with any of the requirements as defined here, in the Little League Rulebook, or policies defined by the EGLL Board of Directors may result in the immediate suspension of my position as a manager or coach.

I have read and understand the above requirements and am also aware that each manager and coach must be a paid member of the League.

Member No: _____

Manager/Coach signature _____ Date: _____