

Little League® Volunteer Application - 2020

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Cell Phone Number _____

Email Address (**mandatory) _____

Date of Birth _____

Do you have children in the program? _____ YES _____ NO

If yes, list full name and what level _____

**** This will allow you to complete your own volunteer application, including the social security number. The Little League Volunteer Application is tied with the background check and can only be viewed by league officials. You must complete email before allowed on field.**

Fill out Below if interested in Managing/Coaching a SLL Team

Division _____

Shirt Size _____

Have you coached at SLL before? _____ Yes _____ No

If yes, what division _____

I have read and received the code of conduct and have filled out a volunteer background check application.

Manager/Coach Signature _____ Date _____