

# Pella Little League Volunteer Application

*\*\*This form is used for all volunteers. It will be given to your local league.*

*\*\*\*Those volunteers who would like to coach or umpire require a background check which also requires them to fill out an additional form with more personal information called the Little League Volunteer Application. This application will be used for Sex Offender and Criminal Background checks and then it will be destroyed.*

## Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Addr: \_\_\_\_\_

## Volunteer Area of Interest:

Manager / Head Coach      Umpire      Fundraising  
Asst. Coach      Organizing      Board Member

## Sport:

Baseball      Softball

## Division:

Coach Pitch      Rookies      Minors      Majors      Babe Ruth

Do you have a child in this program? Yes / No

If so, what division(s)?: \_\_\_\_\_

## Previous Volunteer Experience: (none needed)

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Addr: \_\_\_\_\_

\*Please sign and return this form to a LL board member or submit via e-mail to [info@pellalittleleague.com](mailto:info@pellalittleleague.com) or mail to Pella Little League, 411 SE 9<sup>th</sup> St, Pella, IA 50219. Thanks!

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_