



**ALVIN LITTLE LEAGUE BASEBALL (ALLB)  
& ALVIN LITTLE LEAGUE JR. T-BALL ASSOCIATION**

**VOLUNTEER APPLICATION**

**MANAGER                  COACH                  TEAM MOM / DAD**

(Circle the applicable position(s))

\_\_\_\_\_ Check here if you volunteered with ALLB during the most recent season.

Application for: (circle one)    **SPRING**                  **FALL**                  **20**\_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**1. Have you previously managed or coached in ALLB?                  YES                  NO**  
If yes, what Team(s): \_\_\_\_\_  
Division(s): \_\_\_\_\_

**2. Have you ever managed or coached any youth athletics?                  YES                  NO**  
If yes, please provide details including organization(s), age(s), location(s), etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Are you or will you concurrently be managing, coaching, or involved in another athletic team outside of ALLB during this baseball season?                  YES                  NO**  
If yes, please provide details including organization(s), location(s), timeframe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Division(s) in which you would like to volunteer for this season: (circle one)**  
**Junior T-Ball                  T-Ball                  PeeWee                  Minor**  
**Major                  Pony                  Challenger**

**5. Please tell us why you want to volunteer for ALLB:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



If you are appointed to be a Manager, Coach, or Team Mom by the ALLB Board of Directors, will you agree to the following:

- |  |     |    |
|--|-----|----|
| 1. Attend Meetings and Training Sessions which will be conducted in Alvin?   | YES | NO |
| 2. Attend a CPR and basic first aid class?   | YES | NO |
| 3. Make an earnest effort to learn the current Little League International and ALLB Rules and teach the children and parents to play within the framework of the rules? A rule books will be provided at no cost to you. | YES | NO |
| 4. Be willing to help with Field Maintenance?  | YES | NO |
| 5. Treat all players on your team equally?   | YES | NO |

Managers and Coaches are REQUIRED to attend ALL Practice Sessions and Games or have a designated substitute that has been approved by the ALLB Board of Directors.

All Volunteers working in an official capacity of the league (Manager, Coach, Assistant, Team Parent, Umpire, Board of Director Elect, etc.) MUST be a current ALLB Member.

Little League International requires that ALLB Volunteers working in an official capacity submit an ANNUAL Background Check. The background check is conducted at no cost to the applicant. In the event the background check indicated a past indiscretion, the applicant will be notified and will have the opportunity to address the ALLB Board of Directors to clarify the circumstances on the indiscretion. The indiscretion will be handled on a case by case basis.

The primary responsibility of ALLB and its Board of Directors is to ensure the safety and well being of its participants and to ensure that all participants have a memorable and positive experience while playing baseball therefore, the board of directors may reject the application of any individual for any reason deemed necessary to comply with this responsibility. Each applicant denied the opportunity to volunteer may appeal to the Board of Directors. ALLB receives more applications than there are teams in a division. Therefore, not ALL APPROVED APPLICANTS WILL BE APPOINTED TO A TEAM.

I hereby release and agree to hold harmless from liability the Alvin Little League Baseball, the ALLB Board of Directors, officers, and volunteers thereof, or any other person or organization that may provide such information. I understand that, regardless of previous appointments, Alvin Little League Baseball 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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use ONLY:**

- |                                   |     |    |                 |
|-----------------------------------|-----|----|-----------------|
| Division Director Approval:       | YES | NO | Initials: _____ |
| Coaching Coordinator Approval:    | YES | NO | Initials: _____ |
| League President Approval:        | YES | NO | Initials: _____ |
| ALLB Board of Directors Approval: | YES | NO | Initials: _____ |