



# Challenger Division



## 2012 League of Champions

### Buddy Application





# 2012 League of Champions "Buddy" Application

## Buddy Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTE:** Buddies must be born on or before the year 2000

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Shirt Size: YXS YS YM YL YXL AS AM AL AXL AXXL Grade: \_\_\_\_\_

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

Please List any Special Training, Skills, & Hobbies :

Please List any Community Affiliations (Clubs, Service Organizations, etc.) :

Previous Volunteer Experience (including baseball/softball and year) :

Special Certifications (CPR, Medical, etc.) :



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## Buddy Information:

Do you have a valid Driver's License? : **YES / NO** License # : \_\_\_\_\_ State : \_\_\_\_\_

Have you ever been convicted of or plead guilty to a crime(s)? If Yes, describe below :

Have you ever been refused participation in any other youth program? If Yes, describe below :

Please list 5 character traits you possess that will enable you to be a successful "Buddy" to a League of Champion Player :

To ensure our players and their families we are committed to providing them with a successful experience, we will be contacting references for all our volunteers. Please list three references that have knowledge of your character and can validate your participation as a volunteer in the League of Champions at Lamar

Reference 1: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Contact #: \_\_\_\_\_

Special Requests or Comments :



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## Background Check

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 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.

*Enter your initials to indicate agreement with the statement above* \_\_\_\_\_

Lamar Little League is committed to providing our players and their families a positive baseball experience. By signing this form, you are making a commitment to a player, their family, and the team that you will attend the games and provide the appropriate assistance to the player dependent on their specific needs.

*Enter your initials to indicate agreement with the statement above* \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

**Please submit all applications to the League of Champions Coordinator - 2012, Leah Wesolic.**

**Email:** Leah.Wesolic@fortbend.k12.tx.us

**Fax:** 281.634.4814 Attention Leah Wesolic

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. Page: 4