

SHLL Volunteer Requirements 2020

Dear Little League Parent/Friend,

Thank you for volunteering to assist with St Helena Little League. Little League International mandates that ALL volunteers must pass a background check before stepping into a volunteer role. In order to make that happen, the following must be done straightaway:

All Volunteers (returning and new):

1. Fill out the 2020 Little League Volunteer Application
 - a. On-line – Email will be sent to you to complete the application on-line, no forms!
 - b. Paper form – complete Volunteer App and return to Safety Officer via email or hardcopy

Note: Link to the on-line application is unique to each volunteer. Email or text Elaine Lund and we'll send you the link.

2. Provide a clear copy of your driver's license
 - a. Take a picture of it with your phone and email / text
 - b. Make a copy and attach to your volunteer application

New Volunteers Only:

1. Have a Live Scan (fingerprinting) completed for St Helena Little League
 - c. Complete Live Scan form and bring to police station for fingerprinting
 - d. Forms also available at the St Helena Police station
 - e. Call St Helena Police Dept or your local police department for Live Scan hours
 - f. Live Scan is NOT transferrable i.e., St Helena Unified School District, Park and Rec, etc.

If you are a returning volunteer and have completed the above in previous seasons, all we need is #1 and #2. Live Scan is one and done.

Please email your completed paperwork to the Safety Officer below:

Elaine Lund echanlund@yahoo.com 415.726.8500

You can also submit the hard copies – I am happy to pick up your paperwork – do not hesitate to reach out.

Thank you for doing your part to make this Little League season safe and fun for our players!

Play Ball!

Elaine

Volunteer Application Requirements for 2020

Little League International Volunteer Application – renewed annually

All local Little Leagues are required to conduct background checks on Managers, Coaches, Board or Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players and teams. Anyone refusing to fill out a Volunteer Application is ineligible to be a league member.

Individuals are required to complete and submit a Little League Volunteer Application to their local league and provide a clear copy of a current driver's license or government issued form of ID. Effective 2007, the local league must conduct a nationwide search that contains the applicable government sex offender registry data. STHLL utilizes First Advantage.

These forms are included in this packet for your use. On-line access can be requested by contacting Elaine Lund or via the St Helena Little League website - <https://www.sthelenalittleleague.com/>

Live Scan

In addition to the annual First Advantage background check, STHLL also requires every volunteer to undergo a **one-time** Live Scan background check with the CA Department of Justice and FBI. STHLL covers the fee for the background check, the volunteer only pays the rolling fee at the agency. Please note that the Live Scan is NOT transferrable between various agencies and organizations i.e., Life Scan completed for St Helena Unified School District or St Helena Park and Recreation Department.

Our Safety Officer is required to be a registered Custodian of Record, COR, with the California Department of Justice. The Safety Office will monitor STHLL online account for reports of subsequent arrests for anyone who has registered using the STHLL Live Scan account number.

Live Scan forms are also available at the St Helena Police Department. They are available for fingerprinting from Monday through Friday. Please call to confirm hours.

Sex Offender Registry

Volunteers must also clear a background check on the sex offender registry: www.meganslaw.ca.gov

Privacy Policy

All paperwork is kept in a secure location to protect the privacy and identify of all applicants. Physical or electronic correspondence is destroyed immediately after the time requirement for retaining such records by Little League International has passed.



Little League® Volunteer Application - 2020

Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

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

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

1. Do you have children in the program? Yes No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? Yes No If yes, list: _____

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
If yes, describe each in full: _____ Yes No
(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No
If yes, describe each in full: _____
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes No
If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

- League Official Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper Other _____

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

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), 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.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____
on _____

System(s) used for background check (minimum of one must be checked):
Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
Records check, as mandated in the current season's
official regulations

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

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



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AB215
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Coach
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

St Helena Little League
Agency Authorized to Receive Criminal Record Information

12468
Mail Code (five-digit code assigned by DOJ)

PO Box 241
Street Address or P.O. Box

Elaine Lund
Contact Name (mandatory for all school submissions)

St Helena CA 94574
City State ZIP Code

4157268500
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 149066
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170