



# Banning Pass Little League

## Volunteer Application

Banning-Beaumont-Cabazon-Cherry Valley-Whitewater

P.O. Box 1404, Banning, Ca 92220  
(951) 616-4714

Date Received _____
Fees Paid _____
Board Approved _____

Fields marked with ♦ must be completed. Failure to complete all required fields will result in a denied application.

I, \_\_\_\_\_ would like to volunteer with Banning Pass Little League for the following position(s): ♦

- B.O.D.    Manager    Assistant Coach    Team Parent    Umpire  
 Score Keeper    Field Maintenance    Snack Bar    Other: \_\_\_\_\_

If managing, what division are you interested in? \_\_\_\_\_

If you are applying to be an assistant coach/team parent, what team are you interested in?  
\_\_\_\_\_

I have \_\_\_\_\_ years of experience as a volunteer at the following Little League(s) & my position was:  
\_\_\_\_\_  
\_\_\_\_\_

As written in the Little League Constitution "The objective of the Banning Pass Little League shall be implant firmly in the community the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority, so that they will be well adjusted, strong, and happy children and will grow to be good, decent, and trustworthy citizens."

Abide by the rules and regulations as set forth by Little League Baseball. (Refer to Little League Rule Book). Abide by all local rules and regulations as set forth by Banning Pass Little League.

Each manager/coach will be required to participate in "work days" schedule throughout the year or supply one or more persons to participate.

Failure to adhere to the above will result in Board action with possible suspension or termination of manager duties.

I have read the above statement by Banning Pass Little League. I understand what will be expected of me and that I will be held accountable for my actions.

Signature♦ \_\_\_\_\_ Date♦ \_\_\_\_\_

Street Address♦ \_\_\_\_\_ City♦ \_\_\_\_\_ State♦ \_\_\_\_\_ Zip Code♦ \_\_\_\_\_

Phone Number♦ \_\_\_\_\_ E-mail Address♦ \_\_\_\_\_

Are you able to accept text messages?♦  Yes  No

BPLL Safety Officer Approval _____
Date _____
BPLL President Approval _____
Date _____

JDP submit date: _____	JDP Results: Pass or Fail (circle one)
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