

**New City Little League Volunteer Form**  
**All information must be provided**

Name:  
(required)

E-mail:  
(required)

Cell Number:  
(required)

How many children do you have registered:  
(required)

**Child 1 First / Last Name:**

Child 1 Team Name / Division:

Child 1 Team Manager:

**Child 2 First / Last Name:**

Child 2 Team Name / Division:

Child 2 Team Manager:

**Have you ever been convicted of a crime?**

If yes, please explain:

**Have you ever been removed or terminated from a volunteer position?**

If yes, please explain:

**All required fields must be filled out completely. Your name should be your legal name.**

**After completing this form, please scan or save and e-mail to:  
newcityvolunteer@gmail.com**

**You will receive a unique link which will take you to JDP to input additional information to complete your background check. The league does not receive any personal information from you nor JDP. The link will expire after 10 (ten) days. This link can only be used once and is only for you. Each volunteer must fill out and email this form, then input their own info.**

**Thank you,  
New City Little League**