

# LITTLE LEAGUE® CAMP STAFF APPLICATION

Return to: Little League International  
Attn: Human Resources Dept.  
539 US Route 15 Hwy  
P.O. Box 3485  
Williamsport, PA 17701-0485

Name: \_\_\_\_\_  
(Please type or print) First, Middle, Last Name

Date of Application: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

School or Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

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

Previous Five Addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you 16 years of age or older? Yes No

Are you 18 years of age or older? Yes No

## EDUCATION

College/High School	Major Subjects	Years	Degree Granted
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\_\_\_\_\_

\_\_\_\_\_

## PAST EMPLOYMENT - List previous two summers or years

Dates	Employer	Address	Nature of Work
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\_\_\_\_\_

\_\_\_\_\_

## CAMP EXPERIENCE

Camper or Staff?	Camp	Director	Address	Dates
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\_\_\_\_\_

## REFERENCES: Give names and address of 3 persons (not relatives) who have knowledge of your character, experience and ability.

Name	Address & City	Telephone
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of position do you want at camp? \_\_\_\_\_

Dates available: From \_\_\_\_\_ To \_\_\_\_\_

Are you certified or trained in: CPR Yes No Athletic Training Yes No  
First Aid Yes No Lifesaving/Lifeguarding Yes No

Accident or Traffic Violations? Yes No If yes, explain:

Have you ever been convicted of a crime? Yes No If yes, describe each in full

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

What contribution do you think you can make at camp?

Do you have any impairments, physical or mental, which would interfere with your ability to perform the job for which you have applied? If so, what accommodations must be made so that you can perform the duties of the job?

Write a brief biographical sketch, including specialized training in camping and experience or teaching in other fields which might have a bearing on the position(s) for which you are applying.

*I give permission for Little League Baseball, Incorporated to conduct a background check on me which may include a review of criminal and child abuse records maintained by government agencies. I understand that if appointed, my position is conditional upon receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any person or organization that may provide such information.*

Are you available for an interview? Yes No Where? \_\_\_\_\_

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

**NOTE: Little League Baseball, Incorporated does not limit participation in its activities on the basis of disability, race, creed, color, national origin, gender, sexual preference, or religious preference. Little League Baseball, Incorporated is an Equal Opportunity Employer.**

**All statements become part of any future employee personnel files.**