



DPLL Volunteer Packet 2020

Welcome to the 2020 season of Dos Pueblos Little League! Please return your completed Volunteer Packet into your Team Parent.

This Volunteer Packet 2020 must be completed for **ALL DPLL players**. If you have more than one player in the league, you must complete the **ENTIRE packet** for each player, and **complete the DPLL Volunteer Form** and **\$100 volunteer check** for all additional players. If you have any questions regarding this packet, please contact your Team Parent.

Please write in your Team Name and Division. Example: Team Name - Dodgers Division - Majors

Team Name _____ Division _____

Players First & Last Name _____

- Please complete ALL the applicable forms.
- Turn the entire completed packet in to your Team Parent as soon as possible. All packets must be turned in completed, as a team, in order for your team to receive their uniforms.

Please use the following checklist to ensure you have everything complete before turning it in to your Team Parent:

- ✓ **DPLL Volunteer Form**
- ✓ **Little League “Basic” Volunteer Application – 2020** (This is only required if you are NOT able to complete the online background check.)*
- ✓ **\$100 Refundable Volunteer Fee** (This check will be returned at the end of the season to the Team Parent after volunteer activities have been completed and confirmed. Please include a \$100 check made out to DPLL. If you do NOT wish to volunteer, you donate this \$100 to DPLL.)
- ✓ **Medical Release Form** (stays with Manager at all times.)

*All Little League volunteers are required to complete a background check. All player parents or guardians should have already received an email with a link to the online background check. If you have any questions regarding the background check process, please email the DPLL Safety Officer, **John Ginder** at johnginder@gmail.com.

Turn in to your Team Parent (or Team Manager).



DPLL Volunteer Form 2020

All registered players must have a DPLL Volunteer. The DPLL volunteer can be a parent, relative, family friend or sibling (if over 16 years of age). All volunteers **MUST** complete a background check before they can begin volunteer duties.

Indicate your top two choice(s) below. Families unable to volunteer may select option 9 below, in which case DPLL will keep your \$100 Volunteer Fee as a donation.

Team Parent. The Team Parent will notify you of your volunteer duties once all team members have completed their volunteer forms. **No uniforms will be distributed until all forms are completed.** For more information about each volunteer position, please see the DPLL website at DPLL.net

Player's First & Last Name _____ **Division** _____

Select at Minimum Two

Volunteer Name

- | | | | |
|----|--------------------------|---|-------|
| 1. | <input type="checkbox"/> | DPLL Board Member (must be existing board member) | _____ |
| 2. | <input type="checkbox"/> | Team Manager (max 1 per team) | _____ |
| 3. | <input type="checkbox"/> | Coach – Volunteers selected by Manager
(2 per team; 3 per Coast team and 4 per T-Ball team) | _____ |
| 4. | <input type="checkbox"/> | Team Parent (max 1 per team for volunteer credit) | _____ |
| 5. | <input type="checkbox"/> | Umpire (min 2 per team; min 6 games, not required for Tball) | _____ |
| 6. | <input type="checkbox"/> | Scorekeeper (max 2 per team; min 7 games, not applicable for Tball) | _____ |
| 7. | <input type="checkbox"/> | Concession Stand (min 2 per team) | _____ |
| 8. | <input type="checkbox"/> | Groundskeeper (max 2 per team, min 1 per team) | _____ |
| 9. | <input type="checkbox"/> | Not volunteering (\$100 Volunteer Fee will be kept and deposited by DPLL) | _____ |



Little League. Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: Lexington Ins Co Policy No.: 9472612 League/Group ID#: 04056310

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: Dos Pueblos Little League League ID: 405-63-10

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.