

LACAMAS LITTLE LEAGUE
INFORMATION FOR BACKGROUND CHECKS

PLEASE FILL OUT ALL INFORMATION
ONCE CHECKS ARE DONE, INFORMATION WILL BE SHREDDED

FIRST NAME

MIDDLE NAME

LAST NAME

DATE COMPLETED

SOCIAL SECURITY #

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP

PLEASE CHECK THE POSITION(S) YOU WOULD LIKE TO VOLUNTEER FOR:

MANAGER
 ASSISTANT COACH
 CONCESSIONS

TEAM PARENT
 UMPIRE
 OTHER: _____

When completed, please return to Lacamas Little League, P.O. Box 507, Camas, WA 98607