



Little League Coaches Requirements



Background Check-Fingerprinting

Instant Verification

<https://www.instantverificationinc.com/fingerprinting>

https://d13187d1-dd1a-4118-a52f-d48234b8ec85.filesusr.com/ugd/37a00c_eb57851e9a58427e9b1cacdf93dd56a4.pdf

(Tri Shore) Contributor's Case # N13002

IdentoGO[®] New Jersey Universal Fingerprint Form

By IDEMIA www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB	(3) Statute Number 15A:3A-1		
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER			(5) Document Type VB1	(6) Payment Information \$24.05	
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City	State	Zip	
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> White (includes Hispanic/ Spanish Origin) <input type="checkbox"/> Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
Employer Address		City		State	Zip
<p>Identification Requirement - Acceptable identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/issuing agency), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2011).</p>					

Please READ This Form Carefully:
Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_051719_V1, at your scheduled appointment.

Appointment Scheduling:
Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:
When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:
Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$12.00 plus tax (\$12.80) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:
An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_051719_V1, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$12.00 plus tax (\$12.80) appointment fee. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:
Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. Idemia Identity & Security will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM IDG_NJAPP_051719_V1

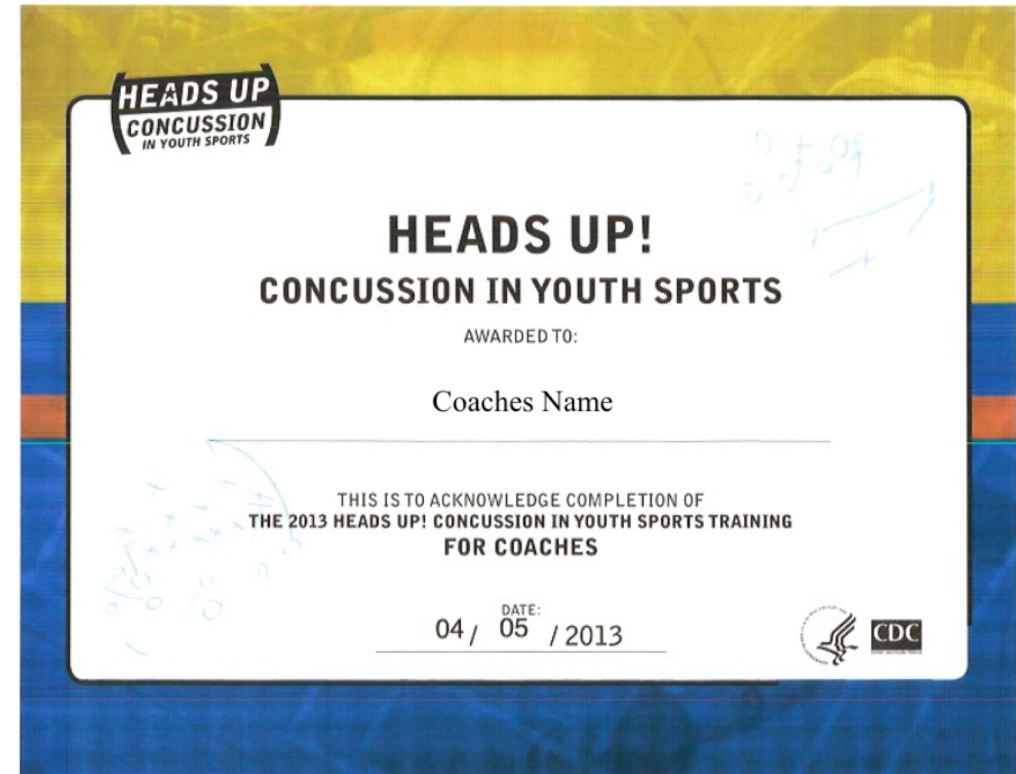


Concussion Training

<https://www.littleleague.org/player-safety/concussions-youth-athletes/>

<https://www.cdc.gov/headsup/>

<https://www.cdc.gov/headsup/resources/training.html>





Volunteer Application

<https://www.littleleague.org/downloads/volunteer-application/>

Little League® Volunteer Application - 2020

Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____
First Middle Name or Initial Last
Address _____
City _____ State _____ Zip _____
Social Security # (mandatory) _____
Cell Phone _____ Business Phone _____
Home Phone: _____ E-mail Address: _____
Date of Birth _____
Occupation _____
Employer _____
Address _____
Special professional training, skills, hobbies: _____
Community affiliations (Clubs, Service Organizations, etc.): _____
Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? Yes No
If yes, list full name and what level? _____
2. Special Certification (CPR, Medical, etc.)? Yes No If yes, list: _____
3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____
4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
If yes, describe each in full: _____
(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)
5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No
If yes, describe each in full: _____
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)
7. Have you ever been refused participation in any other youth programs? Yes No
If yes, explain: _____

- In which of the following would you like to participate? (check one or more.)
- League Official Umpire Manager Concession Stand
 Coach Field Maintenance Scorekeeper Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____
If Minor/Parent Signature _____ Date _____
Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____
on _____

System(s) used for background check (minimum of one must be checked):
Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
Records check, as mandated in the current season's official regulations

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.



Instructions for **PLAYER AUTHENTICATE COACH ACCOUNT**

As a coach and board member for Little League, you need to complete all of the requirements previously listed. Although this process may seem slightly intense, it is **MANDATORY** and will help assure a safe environment for all of the participating players. **Player Authenticate** will help assist you through this process and will manage this for you (and the league) to ensure full compliance.

If you haven't done so already, please register as a COACH:

<https://playerauthenticate.com/Reg/registration.aspx>

This is free and should only take a few minutes. Once your account is activated (within 24 hours), please follow the steps and be sure to upload the necessary documents.

NOTE: Player and Coach accounts need to be created separately. If you intend to use the same email ID then you will NEED to setup using different passwords which is what will allow you access into each of the two accounts.



Any questions or problems?

Contact:

TSLC Contact:

Herbie Kunz

Credentialing Officer

herbiek33@me.com