

## Mt. Juliet League Umpire Association Application

A copy of valid government issued photo ID must be attached to complete application.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Number of years umpiring: \_\_\_\_\_

Number of years umpiring for MJ League: \_\_\_\_\_

Do you have children in the program? \_\_\_\_\_ If yes, list full name and playing level \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.) \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ State \_\_\_\_\_

DL# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s)? \_\_\_\_\_

If yes, describe each in full \_\_\_\_\_

Have you ever been refused participation in any other youth programs? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

### Insurance Information:

Policy Holder's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/Group: \_\_\_\_\_

Please list three references:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

As a condition of umpiring, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, 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, Inc., 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 obligate to appoint me to an umpire 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print) \_\_\_\_\_

*Note: The local Little League and Little League Baseball, Inc. 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 on: \_\_\_\_\_

By: \_\_\_\_\_

System used for background check:

☐ Sex Offender Registry ☐ Criminal History Record ☐ Choicepoint

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) . . . . .	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) . . . . .  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) . . . . .  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
				-						

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**ACH/Electronic Payment Authorization**

I authorize the Mt. Juliet League, Inc. to make electronic funds transfers into the following account for payments due.

**PAYEE'S NAME:** \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_

**ACCOUNT TYPE: CHECKING SAVINGS (PLEASE CIRCLE ONE)**

**PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**\*Please note that all umpires and concession employees will be issued a 1099-NEC at the end of the year (if applicable). The Mt. Juliet League, Inc. does not withhold taxes on 1099-NEC employees.**



## CODE OF ETHICS

I hereby pledge to live up to my certification as a NAYS Official by following the NAYS Officials Code of Ethics.

- I will encourage good sportsmanship by demonstrating positive support of all players, coaches, fellow officials and league administrators at all times.
- I will ensure that I am knowledgeable of the rules of each sport I officiate, and apply those rules fairly to all participants, teams and coaches.
- I will not allow personal friendships and associations to influence my decisions during a contest.
- I will refrain from the use of tobacco and alcohol products when in the youth sports environment.
- I will remember that youth sports provide an opportunity for children to learn and have fun and I will place their safety above all else.

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Date