

## Saratoga Little League Safety Assistant Agreement

I have requested a Volunteer Position with the Saratoga Little League as a Safety Assistant. In this position I acknowledge that I will be accessing the personal records of other Volunteers in the Saratoga Little League and performing background checks using the United States Department of Justice on line Database. I may also perform other duties that will require total confidentiality. I understand that my overall duties should not exceed a maximum of six hours as required by the Saratoga Little League Volunteer Program.

I hereby agree to keep the above mentioned information confidential and will not discuss or transmit this information to any unauthorized party even though, in some cases, this information may be considered public knowledge.

I understand that failure to maintain this confidentiality may result in my family's expulsion from the Saratoga Little League for the remainder of the Little League season.

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_