SHAW BUTTE LITTLE LEAGUE MANAGER/COACH APPLICATION FORM

Rev 1/15/07

CONTACT INFORMATION													
Date: Name:													
Address:													
Home Phone:							Work Phone:						
Cell Phone:													
Primary Email:							Backup Email						
					PO	SIT	ION						
Check the position you are applying for (check all that apply): ☐ Manager ☐ Coach							Specify the division you are applying for (check all that apply): ☐ T-Ball ☐ Farm ☐ Minors ☐ Majors ☐ Juniors ☐ Seniors						
Do you have another coach you would like to team with? ☐ Yes ☐ No							If yes, specify the name of the person:						
If you have children participating in SBLL, list them:													
N	ame			Age/Division	Name			Age/Division	Name			Age/Division	
L													
EXPERIENCE AND REFERENCES													
_		evious baseball coaching experience (additional items may be attached):					ist any additional coaching experience (additional items may be						
Y	'ear League				Age/Division		Year	Sport/League			Age/Divisio		
-													
-						-							
					+								
List any manager/coach certifications or special certification (e.g. CPR, medical, etc.) that you hold:							Please list four references familiar with your character in working with youth and/or familiar with your participation as a volunteer in a youth program.						
Certification			Issuing Organization			Name					Phone		
			locality organization							1	1		
Spe	cify rele	vant perso	onal playing experie	ence (check all	that apply):	_							
	Little	e League	☐ Junior/Seni	ior/Big League	☐ Babe Ruth/Por	าy	ПΤ	ravel Ball	☐ High School	☐ Colleg	e □	Professional	
Have you attended a mandatory coaches training session in the last 3 years? If yes, specify the date and location:													
Have you ever been refused participation in any other youth programs? ☐ Yes ☐ No								If yes, please explain:					
					SIGI	NA1	TURE						
I hereby apply for the position indicated above with the Shaw Butte Little League. I also certify that the information given on this application is true and correct. I further understand by my signature that I authorize Shaw Butte Little League to conduct a background search as necessary.													
	Applicant Signature					SBLL Official Signature							
For Manger Applications Only:													
	Initial:	al: I understand that as a Manager I am responsible for all equipment assigned to my team.											
	Initial:	I understand that as a Manager I am responsible for making sure my team has representatives in the snack bar during my teams assigned shift times.										ms	
SI	Shaw Butte Little League and Little League Baseball do not limit participation in its activities on the bases of disability, race, color, creed, national origin, gender, sexual												