

2018 MANAGER/COACH/ASSISTANT COACH APPLICATION

In Order to be eligible for a manager or coach position with Kaweah Softball you must also submit a Little League Volunteer Application so we can run our background check. We will also need you to obtain First Aid training and attend the league training. Please use additional paper as needed. Please print CLEARLY! TURN IN APPLICATION TO: VOLUNTEER@KAWEAHSOFTBALL.COM or at registration table.

FULL-NAME	SPOUSES NAME:	
CONTACT PHONE:	CONTACT EMAIL:	
EMPLOYER:	OCCUPATION:	
Current Memberships: (Community,	Business, Labor and/or Professional) :	

EXPERIENCE WORKING WITH YOUTH IN OTHER ORGANIZATIONS:

COACHING EXPERIENCE: _____

Year	City	D	uties	Team	Division (Age)
f applica	ble, list name	s and ages of	your children who may	participate in the	e 2016 season.
Name:		Age	Name:	Age	
Name:		Age	Name:	Age	
REASONS	FOR WANTIN	NG TO MANAG	ER OR COACH IN THE	2013 SEASON:	

YOUR CURRENT INTEREST FOR THE 2017 SEASON: MANAGER [] COACH [] Division Requesting: . .

	T-Ball []	CP []	ROOKIE []	Minor []	Major []	Juniors []	Senior []
Ages:	(4-5)	(5-6)	(7-8)	(9-10)	(11-12)	(13-14)	(15-16)

Because of our concern for the safety of our players, I understand that the information I have provided may be verified, if necessary, by obtaining a criminal record check and/or contacting persons or organization that provides information. I also agree to hold harmless Little League Baseball, Incorporated, Kaweah Softball, and the officers, Board Members and Volunteers thereof.

In signing this application, I affirm that the information I have given is TRUE and CORRECT.

SIGNATURE OF APPLICANT_____ DATE