

## **BEAVER FALLS BASEBALL COACHING APPLICATION**

A COPY OF VALID GOVERNMENT ISSUED PHOTO ID MUST BE ATTACHED AND USED TO VERIFY INFORMATION BELOW.

Name				Date			
Address							
City				State	e	Zip	
Home Phone	Busines	Cell Phone			ne		
E-mail (optional)				Date of Birth			
Occupation							
Employer			Address _				
Special professional training, sk	ills, hobbies:						
Community affiliations (Clubs, So	ervice Organizations	s, etc.)					
Previous coaching experience (i	ncluding baseball/so	oftball and y	vear)				
Do you have children in the prog	ram? Yes	No If yes,	what level				
Special Certification (i.e. CPR, N		5					
Valid driver's license Yes	No Driver's Licens					State	
Have you ever been convicted o	f or plead guilty to a	ny crime(s)	Yes	No			
If yes, describe each in full:		-					
Have you ever been refused par	ticipation in any oth	er youth pro	ograms?	Yes	No		
If yes, explain:							
In which of the following would y	ou like to participate	? (Check o	ne or more.)	)			
League Official Coach	Spring League	Pony	Little	Minor	Coach	Pitch	
As a condition of volunteering, I Which includes a review of sex offer position is conditional upon the leag hold harmless from liability the Beav of previous Seasons, Beaver Falls Y	nder registries, child al ue receiving no inappi er Falls Youth Baseba	buse and crimopriate informall and Beave	minal history r mation on my er County You	ecords. I unde background. ith Baseball. I	erstand that, I hereby rele also unders	if appointed, my ase and agree to tand that, regardless	
that, prior to the expiration of my ter		•	•••				
violation of the Organization and lea	-				,		
Applicant Signature					_Date		

Applicant Name (please print or type)

NOTE: Beaver Falls Baseball will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.