



Wheatland Athletic Association 2019 Fall Instructional Baseball Coach Application Form



(Applications due by July 15, 2019)

Please check one: Head Coach Assistant Coach

Name of Coach Applicant** _____

Name and age of Child Player as of May 1, 2019 _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

(**If selected as a head or assistant coach, a background check is required)

Place of employment _____

Address: _____

City: _____ State: _____ Zip: _____

Number of nights out of town per month _____

References (Please list 3 who are not family members)

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Is there anything we should know in advance of a formal background check? _____

Have you ever coached baseball before? If so, where, when, how long? _____

Have you coached other Wheatland Athletic Association sports? Which ones, and how long? _____

What is your motivation in volunteering for this position? _____

What additional experience have you had coaching children? _____

What is your basic philosophy for coaching players this age? _____

Did you play baseball in High School? (circle) Yes / No College (circle) Yes / No

List any formal training that you have completed that is related to this position: _____

Are there any other considerations you would like to note? (Possible assistant coaches or co-coaches, etc) _____

I understand and agree that:

1. The Wheatland Athletic Association can deny any applicant for any reason.
2. This application is valid for two (2) years and a new application has to be completed for continued volunteer assignments thereafter.
3. By submitting the application, I, the applicant, affirm that all the foregoing information I have provided is true and correct to my knowledge.
4. By submitting the application, I, the applicant, agree (in return for being permitted to volunteer) that if any of the foregoing information is incorrect, I will forever indemnify and hold the WAA harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided.
5. By submitting this application, I, the applicant, voluntarily waive my privacy rights to the extent necessary for the WAA to verify the foregoing information through any reasonable means, including, but not limited to local, state, national, and international criminal background check(s) and to inform those within the WAA who are responsible for accepting and/or supervising volunteers.

Print Name: _____

Signature: _____ Date: _____

Please feel free to provide additional commentary on a separate sheet of paper.

Completed forms may be sent by mail, fax or email:

- **WAA, c/o Mary Rodriguez, 2323 Liberty Street, Aurora, IL 60502**
- **Fax to 630-978-2954**
- **Scan and email to mary.rodriguez@waasports.org**