

**South Kitsap Southern Little League
Manager and Coach Application**

Little League Baseball does not limit participation in its activities on the basis of disability, race, creed, color, national origin, sexual preference, gender or religious preference.

Name:	Application Date:	Age:
Address:		
City:	State:	Zip Code
Home Telephone:	Work Telephone:	E-mail:
Application For: (Check one): <input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach	Division Preference: (check one) <input type="checkbox"/> T-ball (5-7 yrs old) <input type="checkbox"/> Juniors (13-14 yrs old) <input type="checkbox"/> Minor Prep (8-9 yrs old) <input type="checkbox"/> Seniors (13-15 yrs old) <input type="checkbox"/> Minor (9-12 yrs old) <input type="checkbox"/> Big League (16-18) yrs old <input type="checkbox"/> Major (9-12 yrs old)	
Previous Experience and Training:		
1. Have you ever managed and/or coached in this league before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete all information below:		
(Check one)		
Year: _____	Division: _____	Team: _____ <input type="checkbox"/> Manager <input type="checkbox"/> Coach
Year: _____	Division: _____	Team: _____ <input type="checkbox"/> Manager <input type="checkbox"/> Coach
Year: _____	Division: _____	Team: _____ <input type="checkbox"/> Manager <input type="checkbox"/> Coach
Year: _____	Division: _____	Team: _____ <input type="checkbox"/> Manager <input type="checkbox"/> Coach
2. Name Previous Coaching or Playing Experience (other than described in Question #1 above, if any).		
Place: _____	Years Coaching: _____	Years Playing: _____
Place: _____	Years Coaching: _____	Years Playing: _____
Place: _____	Years Coaching: _____	Years Playing: _____
3. List formal training and/or Self-Development (Clinics, Books, Videos, etc.) (Check as applicable)		
<input type="checkbox"/> Clinic	<input type="checkbox"/> Video	<input type="checkbox"/> Book Subject/Title: _____
<input type="checkbox"/> Clinic	<input type="checkbox"/> Video	<input type="checkbox"/> Book Subject/Title: _____
<input type="checkbox"/> Clinic	<input type="checkbox"/> Video	<input type="checkbox"/> Book Subject/Title: _____
<input type="checkbox"/> Clinic	<input type="checkbox"/> Video	<input type="checkbox"/> Book Subject/Title: _____

Background Information:

1. Have you ever been convicted of a crime? Yes No If "Yes", you must provide details below.
(Extra page can be used if needed)

2. Are you related to anyone in our league? Yes No If "Yes", whom: _____

3. Name of a person and phone number not related to you that can attest to your character:

Name: _____ Phone Number: _____

Managers and Coaches Commitments and League Expectations:

1. Managers and Coaches will be expected to follow Little League Headquarters Rules, Guidelines and Standards of Conduct.
2. Managers and Coaches will be expected to support and promote SKSLL League activities and support SKSLL Board of Directors actions and decisions. You must be a Team Player, too.
3. Managers and Coaches will be expected to contribute to field improvement and maintenance as needed.
4. For our children's protection, SKSLL, may at its option, inquire about the candidates background and criminal history.
5. Managers and/or Coaches will be expected to come to at least one Board of Directors meetings per month.

Acknowledgement:

I understand that:

- a. The above Commitments and Expectations and agree to abide by them. I also understand that the League President may remove me from a Manager or Coach position if I do not follow up with the above Commitments and/or League Expectations. By signing below, I authorize SKSLL to perform a background check on me.
- b. The information that I have provided may be verified, if necessary, by obtaining a record check and/or contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless any person or organization that provides information. I also agree to hold harmless Little League Baseball, Incorporated, South Kitsap Southern Little League, and the Officers and volunteers thereof.

Signature

Date

Printed Name

League Use only

Team assigned: _____

Board of Directors approval: _____ Date: _____

President Signature