

# Idaho Falls Cal Ripken

## Coaching Form

Position Applying For:      Manager      Head Coach      Assistant Coach

Division:      "Rookie"      "A"      "AA"      "AAA"

Applicants Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell/Pager: \_\_\_\_\_

Occupation: \_\_\_\_\_

I have been a member of Idaho Falls Cal Ripken Youth Baseball for \_\_\_\_\_ year(s)

I have managed \_\_\_\_\_ or Coached \_\_\_\_\_ in the Division(s) \_\_\_\_\_ for year(s) \_\_\_\_\_.

List other or relative experience with other league or youth programs: (use back of form if necessary)

Describe WHY you want to manage/coach in Idaho Falls Cal Ripken Youth Baseball and what you hope to achieve through your leadership experience.

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: \_\_\_\_\_

Specialized Sports Training: \_\_\_\_\_ Community Affiliations \_\_\_\_\_

Previous Volunteer Experience (Year/Club): \_\_\_\_\_

Do you have children in the program? Yes \_\_\_\_ No \_\_\_\_ If yes, what level? \_\_\_\_\_

Special Certifications (i.e. CPR, Medical, etc.): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Please list references

Name	Phone
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As a condition of volunteering, I give permission for Idaho Fall Cal Ripken Youth Baseball to conduct a background check on me, which may include fingerprinting and a review of criminal and child abuse records maintained by government agencies. I understand that, if appointed, my position is conditional upon IFCRYB receiving NO inappropriate information on my background. I hereby release and agree to hold harmless from liability IFCRYB, any international organization, the officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, IFCRYB is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by the President and removal by the Board of Directors for violation of IFCRYB or international organization's policies or principles.

**Applicant (Print Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant -Signature:** \_\_\_\_\_

**Division VP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature required for validation of application approval.)