

Idaho Falls Babe Ruth

Coaching Form

Position Applying For: Manager Head Coach Assistant Coach

Division: 13 14 15

Applicants Name: _____ Age: ____ Birth Date: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work/Cell/Pager: _____

Occupation: _____

I have been a member of Idaho Falls Babe Ruth 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 Babe Ruth 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

As a condition of volunteering, I give permission for Idaho Fall Babe Ruth 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 IFBRBL receiving NO inappropriate information on my background. I hereby release and agree to hold harmless from liability IFBRBL, 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, IFBRBL 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 IFBRBL 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.)