

2012 MC YOUTH BASEBALL COACH/VOLUNTEER APPLICATION



RETURN THE APPLICATION TO:
M.C. PARKS - ATTN: JEREMY KIENITZ
100 E. MICHIGAN BLVD. SUITE 2
MICHIGAN CITY, IN 46360

Please call 873-1524 with any questions

A copy of a valid
government issued photo ID
must be attached to
complete this application.

NAME: _____ DATE OF APPLICATION: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____ EXPIRES: _____ STATE: _____

ADDRESS: _____
STREET CITY STATE ZIP

DATE OF BIRTH: _____ MALE or FEMALE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

Previous Addresses (List all of the past 5 years – Use another sheet if necessary)

ADDRESS: _____
STREET CITY STATE ZIP

NAME OF CHILD / PARTICIPANT(S): _____

Did you coach in a baseball program last year? Yes No

If yes, which program and what division? _____

Did you coach an *All-Star* or Travel team last year? Yes No

If yes, which *All-Star* / Travel team? _____

Are you interested in coaching a League Team? Yes No

LEAGUE DIVISION(S): 10U 12U 15U

Are You interested in coaching a Travel Team? _____ If so, what division? _____

Please list coaching experience and/or formal training you received in coaching:

Outside of experience listed above, why you would be a good volunteer coach for MC YOUTH BASEBALL?

List any formal training you have received in First Aid: _____

List any formal training you have received in teaching children or parenting: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever been arrested, charged or convicted of a crime? YES NO

If yes, please explain: _____

Have you ever been involved in an incident involving child abuse or neglect? YES NO

If yes, please explain: _____

Have you ever had or do you have a problem with drugs and/or alcohol? YES NO

If yes, please explain: _____

Present Employer

Name of Company		Name of Supervisor
Street		Date of Employment
City	State	Describe Position

Past Employer(s) (List all of the past 10 years – Use another sheet if necessary)

Name of Company		Name of Supervisor
Street		Date of Employment
City	State	Describe Position

REFERENCES (List 3 not related to you)

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

Print Name

Signature of Coach Applicant

DATE

MC YOUTH BASEBALL COACH / VOLUNTEER CONSENT / RELEASE FORM

RETURN THE APPLICATION TO:
M.C. PARKS - ATTN: JEREMY KIENTIZ
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MICHIGAN CITY, IN 46360

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APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____
STREET CITY STATE ZIP

I _____, AUTHORIZE AND GIVE CONSENT FOR the Michigan City Youth Baseball League to obtain my personal information. This includes but is not limited to:

- Employment records / employers references
- Criminal background records / information
- Criminal background check / fingerprints
- Driver's license / record check
- Coaching experience
- Personal references
- First-Aid experience
- Addresses

I the undersigned, authorize this information to be obtained either in writing, via internet, or via telephone in connection with my coach / volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with MICHIGAN CITY YOUTH BASEBALL LEAGUE guidelines.

I understand that my position is contingent upon adverse information about my background and character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of MICHIGAN CITY YOUTH BASEBALL LEAGUE, that MICHIGAN CITY YOUTH BASEBALL LEAGUE is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability MICHIGAN CITY YOUTH BASEBALL LEAGUE and its directors, officers, employees, sponsors, and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

Print Name

Signature of Coach Applicant

DATE