

**Riverton Cal Ripken/Babe Ruth Youth Baseball
Coaches Application 2012**

Name: _____

Date of Birth: _____

Current Address: _____ # of years at current address: _____

If less than 5 years, please list previous address: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Please check the age and division you are interested in coaching this season:

- | | |
|--|---|
| <input type="checkbox"/> Tee Ball (3-4 yr. olds) | <input type="checkbox"/> Rookie 5 year olds |
| <input type="checkbox"/> Rookie 6 year olds | <input type="checkbox"/> Pee Wee (7 & 8) |
| <input type="checkbox"/> Minor (9 & 10) | <input type="checkbox"/> Major (11 & 12) |
| <input type="checkbox"/> 13 year olds | <input type="checkbox"/> 14 & 15 year olds |
| <input type="checkbox"/> 16 - 18 year olds | |

Were you a head coach in 2011?

Yes: _____ No: _____

If, yes please list division and team name: _____

Were you listed as an assistant coach on the roster last year?

Yes: _____ No: _____

If, yes please list division and team name: _____

Have you had previous coaching experience?

Yes: _____ No: _____

If, yes please explain: _____

Have you been convicted of a felony within the past 10 years?

Yes: _____ No: _____

If, yes please explain: _____

By signing this application you are acknowledging support for the current Riverton Cal Ripken/ Babe Ruth Youth Baseball as well as the board members. I understand that if I am selected as a coach, I may be asked to umpire one or more games this season. I will also **support all fundraisers, including Hit-A-Thon and Home Run Derby. I will also support the league Snack Shack and provide help when required for my team.**

I also understand that there will be a criminal background check performed. To expedite this process we ask that you list your birth date on this application. The background check will be performed in an effort to protect the safety of the players participating in the Riverton Cal Ripken/Babe Ruth Youth Baseball program. All information obtained will be kept confidential.

Applicant Signature: _____

Date: _____

BOARD USE ONLY:

Date of Back Ground Check: _____

Division Assigned: _____

Approved by: _____

Team Assigned: _____