Mt. Juliet League
Spring Coaching Application

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

Name_____Date_____

Address_____

City_____State_____Zip_____

Home Phone_____Cell_____

Email Address_____

Date of Birth_____SSN_____

Occupation/Employer:_____

Special training, skills or hobbies_____

_____

Why do you want to coach?_____

_____

Coaching philosophy_____

_____

Previous coaching experience_____

_____

Special Certification (i.e. CPR, Medical, etc.)_____

Do you have a valid driver's license?_____State_____

DL#_____Expiration Date_____

Have you ever been convicted of or plead guilty to any crime(s)?_____

If yes, describe each in full_____

_____

Have you ever been refused participation in any other youth programs?_____

If yes, please explain_____

_____

Please list three references:

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

Which of the following are you applying for:

☐ Head Coach ☐ Assistant Coach

Circle the age group below that are you interested in coaching:

BASEBALL		***SOFTBALL***
T-Ball 4	Minor (9)	T-Ball (5&6)
T-Ball 5	Minor (10)	Pee Wee (7&8)
Pee Wee 6	Major (11&12)	Minor (9&10)
Pee Wee 7	Junior (13&14)	Major (11&12)
Pee Wee 8	Sr. (15&16)/ Big (17&18)	Senior (13&up)

If applying to coach your child's team, please list the child's name and date of birth:

_____

******An equipment deposit check of $125 is required from all coaches, refundable when equipment is returned . All coaches and assistants will be required to complete online NYSA training******

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Inc., 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, Little League is not obligate 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 Little League policies or principles.

Signature_____Date_____

Applicant Name (please print)_____

Note: The Mt. Juliet League. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

Local League Use Only:

Background check completed on:_____

By:_____

System used for background check:

☐ Sex Offender Registry ☐ Criminal History Record ☐ Lexis Nexis