

**LITCHFIELD BASEBALL, INC.
MANAGER/COACHES APPLICATION**

Full Name: _____ Nickname: _____

Date of Birth: _____ SSN: _____

Address: _____

Home Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

E-Mail Address: _____

Place of Employment: _____

Work Phone #: _____ - _____ - _____

Youth Manager / Coaching Related Experience

Manager / Coach Preference of Team to Manage / Coach

What division are you requesting to coach? *(please specify boys or girls and age group)*

Do you have a son/daughter in this age group? Yes No

If yes, what is his/her name? _____

I would like to be a Manager Assistant Coach

Would you be an Assistant Coach if not selected as manager? Yes No

Have you ever been fingerprinted for any reason (security clearance, etc.)? Yes No

Have you ever been arrested for any crime involving children? Yes No

Have you ever been arrested for any crime involving controlled substances / drugs?

No Yes (If yes, when and for what charge? _____)

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MANAGER/COACHES APPLICATION
(Continued)

By affixing your signature below, you acknowledge and understand that this application is subject to review by the Litchfield Baseball, Inc. Board of Directors, and any reviewing body they may designate. Your failure to complete this brief application in its entirety, or sign below, will result in your application for participation as a supervising adult in any capacity for Litchfield Baseball, Inc. to be denied.

RELEASE OF INFORMATION: BACKGROUND CHECK

Date: _____

I, _____, do hereby consent for Litchfield Baseball and the Litchfield Park District to conduct a background investigation of my personal and criminal records, to the extent that I may be deemed suitable for volunteer placement. I understand that this will include a criminal background check, as well as a check against any and all Sex Offender Registries. I further acknowledge that the information obtained as a result of these inquiries will be shared with the Board of Directors, and may be used to determine my suitability to work with children. I hereby authorize Litchfield Baseball Inc. and its designees to conduct such an investigation, and to use this information to ensure the safety of children participating in the program. I understand that the results of this inquiry may result in my application being denied.

I do not hold Litchfield Baseball, Inc., Litchfield Park District, or any organization affiliated with this inquiry liable for any information that may be obtained or used to make the decisions regarding my suitability. I also do not hold the agency(ies) conducting the inquiry liable for any information they may provide as a result of the request or the receipt of this release of information. Specific information contained in my personal records shall be maintained with the agency(ies) requested to conduct the inquiry, until such time as decisions are made; these documents will then be destroyed, and not shared with other parties for any other reason other than those described herein.

Failure to sign this document, or providing false information on this document, will result in immediate denial of the application and removal from the roster of potential manager / coaching applicants.

Signature

Date

Printed Name

Witness

Date

Criminal History _____ Date _____

RSO _____ Date _____

Mail form to: Litchfield Baseball, Inc
P.O Box 33
Litchfield, IL 62056