



Scottsdale Cal Ripken Youth Baseball Coaches Application 2015

Full Name (including middle initial): _____ Date of Birth: _____

Current Home Address: _____

of Years at Current Address: _____ Social Security Number: _____

Best Phone #: _____ E-mail Address: _____

Please indicate your preferred jersey size: ____ Medium ____ Large ____ XL ____ 2XL

Please check the division(s) and position(s) you are interested in coaching this season:

- | | | |
|--------------------------|-----------------|----------------------|
| ____ T-Ball | ____ Head Coach | ____ Assistant Coach |
| ____ AA - Coach Pitch | ____ Head Coach | ____ Assistant Coach |
| ____ AAA - Machine Pitch | ____ Head Coach | ____ Assistant Coach |
| ____ 8U - Kid Pitch | ____ Head Coach | ____ Assistant Coach |
| ____ Minors | ____ Head Coach | ____ Assistant Coach |
| ____ Majors | ____ Head Coach | ____ Assistant Coach |

If you are volunteering to be an assistant, please indicate the name of your team's Manager:

Have you been a Manager or Assistant Coach with SCR in the past 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 Scottsdale Cal Ripken Baseball as well as the current board of directors. I understand that if I am selected as a coach, I may be asked to support all fundraisers.

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

Applicant Signature: _____ Date: _____

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SCR USE ONLY:

Date of Background Check: _____ Division/Team Assignment: _____

Approved By: _____ NFHCert _____ BRLCert _____