

MEL OTT LITTLE LEAGUE, INC.  2019 Season

Manager / Coaches Application



Phone: (716) 836-6451 Website: www.melottlittleleague.org

| MANAGER / COACHES APPLICATION | |
|---|--|
| -- PLEASE TYPE OR PRINT -- | |
| <p>As a Mel Ott Manager your duties will include attending a Mandatory Managers meeting and training clinic in March. You will need to be present at the draft for your team selection (excluding Tee Ball and Coach Pitch Divisions.) You will also need to recruit a Coach and Team representative for your "team" to assist you throughout the season. The time commitment for games will be approximately two hours one game during the week and one every Saturday. Practice time would be additional, which you will be responsible to scheduling. Teaching kids the wonderful game of Baseball/ Softball is a very rewarding experience, which you will never forget or regret. Sign up today... you'll have just as much fun as the kids!!! ALL APPLICATIONS NEED TO BE COMPLETED AND RETURNED BY FEBRUARY 9, 2019 TO:</p> <p style="text-align: center;">MEL OTT LITTLE LEAGUE C/O MANAGER/COACH 2019 APPLICATION PO BOX 642 AMHERST, NY 14226</p> | |
| DESIRED LEVEL (CHECK ONE): | |
| TEE BALL DIVISIONS: | <input type="checkbox"/> Tee Ball <input type="checkbox"/> Coach Pitch |
| BASEBALL DIVISIONS: | <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> Major <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Big League |
| SOFTBALL DIVISIONS: | <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 16U <input type="checkbox"/> Metro |
| INDIVIDUAL INFORMATION | |
| MANAGER NAME (FIRST, LAST) (Responsible for ALL activities of the team) | |
| HOME PHONE | CELL PHONE |
| E-MAIL ADDRESS | CHILDREN'S NAMES |
| COACH NAME (FIRST, LAST) (Assistant to the Manager) | |
| HOME PHONE | CELL PHONE |
| E-MAIL ADDRESS | CHILDREN'S NAMES |
| PLEASE LIST ALL PRIOR COACHING EXPERIENCE INCLUDING LEAGUE NAME, POSITION (MANAGER, COACH OR ASSISTANT) NUMBER OF YEARS AND LEVEL: | |
| PLEASE LIST YOUR REASON FOR WANTING TO MANAGE/COACH AT THIS LEVEL AND IF THERE ARE OTHER LEVELS YOU WOULD CONSIDER IF YOUR FIRST CHOICE IS UNAVAILABLE: | |
| Are you interested in being considered for a Manager of a Tournament Team? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you interested in being considered for the Coach of a Tournament Team? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever been convicted of a crime? (Excluding traffic violations) If yes, please explain below (optional) | <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

NAME OF PERSON FILLING OUT THIS FORM (PLEASE PRINT)

DATE

Thank you for your interest in Managing a team in the Mel Ott Little League program. The selection committee will review all applicants applying for a Manager or Coaches position. All new applicants will be required to go through an interview process. This document will be used by the Mel Ott Board of Directors to assist in the selection of the BEST QUALIFIED Managers and Coaches for the baseball and softball players of the Mel Ott Little League. Final decisions, regarding Managers and Coaches appointments, will be made by the **Mel Ott Little League Board of Directors**.