



Cheviot Hills Pony Baseball Association Manager and Coaches Application Form

Name:		Home Phone #:	
Address:		Bus. Phone #:	
email:		Cell Phone #:	

Check All Leagues & Divisions for which you are applying

Baseball					
	Division		Player's Name (if applicable)	Manager	Coach
Pinto					
Mustang					
Bronco					
Pony					

Youth Team(s) Previously coached/managed

Team Name	Year	Coach	Mgr	Other Information
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____

Describe other playing/managing experience:

**References
Name**

Phone #

Additional information that you feel qualifies you for a managing position.

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RELEASE AND AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize any employer, law enforcement agency, state agency, institution or private information bureau that has any record or knowledge of my motor vehicle operation history, or criminal history, if any, to provide Cheviot Hills Pony Baseball Association, or any agency CHPBA selects, any such information. This authorization includes, but is not limited to birth, court, criminal, driving, immigration, legal, military and naturalization records. This authorization shall be valid for one year from the date it is signed and a photographic or faxed copy of the authorization shall be as valid as the original. Permission is hereby granted for information to be released by any state agency.

I waive any provision impeding the release of this information, and agree to provide any information necessary for the release of this information above and beyond that provided on the application.

Signature

Date

Social Security Number

Date of Birth

Current address

**Driver's License
Number**

City/State/Zip Code

**State Driver's License
Issued**

Print Full Name & Other Names Used (over the past 10 years)

If living at current address less than 10 years, please provide all prior addresses for the past 10 years in the location provided.

Years(s)	Address	City State	Zip Code
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