

# 2010 Cibola Little League Manager/ Coach/ Umpire Application

(Please answer all questions and use the reverse side if additional space is required)

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(First Name, Middle Initial, Last Name)

Address: \_\_\_\_\_

New Mexico Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day/Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

I'd like to be a MANAGER /COACH/UMPIRE (circle) in the following Division of Baseball or Softball.

Division choices (circle one): Tee Ball\_\_Rookie\_\_Minor\_\_Major\_\_Junior\_\_Senior\_\_  
Big League BB\_\_Big League SB

Did you Manage/ Coach/ Umpire last year? \_\_\_ Yes \_\_\_ No

If yes, What Division /Team \_\_\_\_\_

How long have you Managed /Coached or Umpired Baseball or Softball \_\_\_\_\_ Years.

Age Group: \_\_\_\_\_

Please name other youth sports you have participated in: \_\_\_\_\_

Are you Now or Planning on Managing, Coaching or Ref/Ump in any other Sport, which will overlap with the Little League season (March thru July) \_\_\_ Yes \_\_\_ No.

If Yes, explain: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Year \_\_\_\_\_

Special Certification: i.e. Coaching or Umpire certificate, EMT, CPR, Medical, etc. \_\_\_\_\_

Do you have a valid Driver's License \_\_\_ Yes \_\_\_ No

State and License number: \_\_\_\_\_

Major Traffic Violations (DUI/DWI) \_\_\_ Yes \_\_\_ No

If Yes, explain: \_\_\_\_\_

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Have you ever been convicted of any crime(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

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If yes, describe each in full: \_\_\_\_\_

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Have you ever been refused participation in any other youth programs? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

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List FOUR references (No Board Members, Managers or Coaches) that will recommend you as a volunteer:

_____	_____
_____	_____
_____	_____

Name

Phone

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, Incorporated, 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 obligated 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.

Applicant \_\_\_\_\_ Applicant \_\_\_\_\_

(Please Print Name)

(Signature)

Date: \_\_\_\_\_

Note: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, martial status, sex or sexual orientation, or disability. Please use other side of this form if more space is necessary.

NOTE: You must complete all questions to be considered.

1. Have you ever been ejected from a game as a Coach, Manager or Spectator in any Sport?

\_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused participation in any other youth programs, such as Baseball, Basketball, Football, Soccer or Softball? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What youth activities have you Managed or Coached or participated in during the last five years? Please list the year, organization, activity and what position you held.

Year \_\_\_\_\_

Year \_\_\_\_\_

Year \_\_\_\_\_

Year \_\_\_\_\_

Year \_\_\_\_\_

5. Are you a member of any Board of Directors Youth Sports? \_\_\_ Yes \_\_\_ No  
If yes, which: \_\_\_\_\_  
\_\_\_\_\_

6. Please provide any feedback or additional information you would like the selection committee to know about you or this process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cibola Little league thanks you for your taking your valuable time and energy to complete this form and hope you understand the importance of our need to protect our children and the integrity of the game of Little League Baseball.