



MANAGER & COACH APPLICATION

(All Information provided is confidential)

This application must be submitted with a clear copy of the applicant's Driver's License or Government ID. An online volunteer application must also be completed (link will be emailed to you once we process this application).

25422 Trabuco Road, Suite 105 #472 Lake Forest, CA 92630 League ID # 405-55-05

Name: _____ Cell Phone _____

Email Address: _____ Employer: _____

Player / Child Name: _____ Age: _____ Division: _____

Do you have Auto Insurance? Yes No

Position Applying For: Manager Coach

Division: Seniors Juniors Intermediate Majors AAA AA

Single A Rookie Tee Ball Challengers

Years of Experience: _____ Manager _____ Assistant Coach _____ Pitching Coach

Highest Level of Coaching Experience: _____

Strengths (Rate 1-5, 5 being the highest)

Practice Planning	_____	Baseball Rules	_____	LL Rules	_____
LFL Rules	_____	Fundamentals	_____	Pitching	_____
Hitting	_____	Fielding	_____	Communication (with Board & Parents)	_____

Reason you would like to participate as a Manager or Coach in Little League: _____

Can you attend meeting and clinics? Yes No

If no, state reason: _____

Are you able to umpire? Yes No

If no, state reason: _____

Additional Information

Is there any fact or circumstance involving your background that would call into question you being trusted with the supervision, guidance and care of young people? Yes No

If yes, please explain: _____

I understand that:

a. The information that I have provided may be verified, if necessary, by obtaining a record check and/or contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless any person or organization that provides information. I also agree to hold harmless Little League Baseball Incorporated, and it's officials and volunteers.

b. In signing this application, I affirm that the information I have given is true and correct.

Signature of applicant _____ Date _____

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, national origin, gender or religious preference.

***** BOARD USE ONLY *****

President	Approved	Not Approved	Date:
Board	Approved	Not Approved	Date:
Team Assigned:			
President's Signature			Date: