



Martinsburg Little League Baseball

Manager/Coach Application Form



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

E-mail: _____

By completing this application I am certifying that I am not any of the following:

1. I am not a user of Drugs
2. I do not drink in excess
3. I am not a convicted felon
4. I am not at this time or have, within the last three (3) years been under psychiatric care, the nature of which would affect my relationship with Little League Players

I Desire to: Manage Coach

In the following League(s): Tee Ball Rookie League Minor League

Major League Junior League Senior League Big League

Please answer all of the following questions:

1. Have you ever managed/coached a Little League team? Yes No

Dates: _____ Where? _____

2. Have you ever managed/coached in other organized baseball programs? Yes No

Dates: _____ Where? _____

3. Have you ever managed/coached other youth sports? Yes No

Dates: _____ Where? _____

4. Have you ever supervised any other youth activities? Yes No

Dates: _____ Where? _____

5. Check baseball programs in which you have participated as a player.

Little League High School College Pro

6. Have you ever received training as a baseball manager/coach? Yes No

Dates: _____ Where? _____

7. Additional Information _____

Please fill out the Little League Volunteer Application as well. (see reverse)



Little League® Volunteer Application

Use extra paper to complete if additional space is required
Social Security number is "A UbXUhcfm"

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION
MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Business Phone _____

E-mail Address _____

Date of Birth _____

Occupation _____

Social Security # (a UbXUhcfm) _____

Employer _____

Address _____

Special professional training, skills, hobbies _____

Community Affiliations (Clubs, Service Organizations, etc.) _____

Previous volunteer experience (including baseball/softball and year) _____

Do you have children in the program? Yes No If yes, list full
name and what level _____

Special Certification (CPR, Medical, etc.) _____

Do you have a valid driver's license? Yes No

Driver's License # _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) Yes No

If yes, describe each in full _____

Have you ever been refused participation in any other youth programs?

Yes No If yes, explain _____

In which of the following would you like to participate? (Check one or more)

League Official Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand Other

Please list three references, at least one of which has knowledge of your
participation as a volunteer in a youth program

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 Signature _____ Date _____

Applicant name (please print or type) _____

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, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY

Background check completed by:

League Officer _____ Date _____

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry Criminal History Records *LexisNexis

*Please be advised that if you use LexisNexis and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.