

McMinnville Youth Baseball and Softball

Coach Application Form

Name: _____ Age: _____ Sex: _____

Applicant's Legal Name: _____ Date of Birth: _____

Other Names Used in the last 7 years: _____

Social Security Number: _____ Driver's License Number: _____

Address: _____

City, State, Zip: _____

Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Previous address – if you have lived at your current address less than 3 years: _____

Please circle age group you would like to coach this year:

4 Year Old Co-Ed Tee Ball

5 – 6 Year Old Tee Ball

Boy's Rookie League – Coach Pitch (Ages 6 - 8)

Girl's Rookie League - Coach Pitch (Ages 7 - 9)

Boy's Minor League Baseball (Ages 9 – 11)

Girl's Fast Pitch Softball (Ages 10 – 12)

Boy's Major League Baseball (Ages 12 – 14)

I want to be (Please circle choice): Head Coach Assistant Coach Either Head or Assistant

Did you coach a team in our league last spring? Yes _____ No _____

Name of team and age group: _____

Do you plan to coach with another coach? Name of coach: _____

Name of Son or Daughter: _____

Do you have any previous baseball/softball coaching experience at any level? _____

All volunteer coaches are subject to background checks and the approval of the McMinnville Parks and Recreation Department and the Department reserves the right to disqualify any applicant. Please read and complete back page for National Background Screening Consent Form and Zero Tolerance policy.

Please complete back of form

City of McMinnville

National Background Screening Consent/Release Form

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your employment/ volunteering.

Print Name: _____ Date: _____

Signature: _____

ZERO TOLERANCE POLICY: McMinnville Youth Baseball and Softball (MYBS) has adopted a policy that forbids actions by the coaches, players or spectators of any MYBS team that would be harmful and abusive to the officials, coaches, umpires or players.

Anyone in violation of this policy will be escorted from the complex for the remainder of the game and is subject to a minimum 2 game suspension. Any repeat offenders may be banned from the complex for the remainder of the current season. Have FUN and be a GOOD SPORT. REMEMBER, THIS IS FOR THE CHILDREN.

I, as a volunteer coach, understand the ZERO TOLERANCE POLICY as it applies to me and my conduct on and off the field. I also understand that any violation of the Code of Conduct, founded by the McMinnville Parks and Recreation Department to be true, will result in a minimum two (2) game suspension and a possible maximum suspension for the remainder of the current season and possible future seasons.

Signature of Applicant: _____

Date: _____