



Bill Arp Baseball



Coach/Asst. Coach/Team Mom Application

Spring 2011

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: (Home) _____ (Cell) _____

Employed By: _____

Have you ever coached or assisted in a program? _____ If yes, where?

Age Group you are requesting to coach/assist/team mom:

Pre-T (3-4) Shetland (5-6) Pinto (7-8)

Mustang (9-10) Bronco (11-12) Pony (13-14)

Position Requested:

Head Coach Assistant Coach Team Mom

List others that you wish to coach with:

Have you ever served a suspension as a coach or have been suspended from a park or recreation facility? Yes No If Yes, please explain on the back of this form.

All volunteer requests must be approved by the Bill Arp Baseball Board of Directors. A background check will be obtained on all volunteers. Also, coaches are subject to disciplinary actions for unsportsmanlike conduct. All coaches will be required to go through a mandatory coach's clinic. The Board of Directors thanks you for your time and willingness to volunteer.

Signature

Date

Shirt Size (Coaches Only): AS AM AL AXL A2XL A3XL