

**NORTH DIVISION
CAMBRIDGE LITTLE BASEBALL LEAGUE, INC.**

COACHING APPLICATION

NAME: _____ Social Security #: _____ - _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ E-MAIL: _____

DATE OF BIRTH: _____ OCCUPATION/JOB TITLE: _____

EMPLOYER: _____ WORK PHONE: _____

ADDRESS: _____

1. Please describe your previous baseball experience; include number of years and at what level (s). List any specific coaching experience; include organization name, number of years, dates of service and at what level (s).

Baseball
Experience: _____

Coaching
Experience: _____

2. Are you prepared to make a commitment for at least one full season which includes attending a majority of the 16 regular season games, 4-6 play-off games and weekly practices? Any restrictions please explain?

3. List any other community affiliations (Clubs, Service Organizations, etc.)

4. Do you have a valid driver's license? _____

5. List any Special Certifications: (i.e. CPR, Medical, etc.)

6. Have you ever been refused participation in any other youth program? _____ If yes, explain why: _____

I understand that in order to protect our children, the North Division may perform a background check on me that may include a review of criminal and child abuse records maintained by governmental agencies. I understand that if appointed, my position is conditional upon the North Division receiving no inappropriate information on my background. By signing below, I hereby release and agree to hold harmless from liability the North Division, its officers, volunteers, or any other person or organization that may provide such information. I also understand that regardless of previous appointments, I may not be appointed to a volunteer position. If appointed I understand that, I am subject to suspension by the President and removal by the Board of Directors. **All inquiries are confidential.**

Applicant Signature: _____ Date: _____