

T-Ball Coach Application

Name: _____
(First Name, Middle Name, Last Name, Maiden Name-if applicable)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: ____/____/____ **Sex:** ____Male ____Female

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Coaching Experience:

Age Division (check the age division you would like to coach)

- Tee Ball (5-6) Pre-K (3-4)

Present Field of Coaching (check type)

- Youth Adult Professional Non-Active

Playing Experience: (highest level)

- Youth Amateur High School Professional

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Role Of The Coach

As a Facilitator – The reason for the facilitator is that most parents/coaches have not been exposed to a baseball environment.

- Set up the condition and environment for learning.
- Players must have fun.
- Players need to receive positive feedback from the coach.
- Coaches must be enthusiastic about what they are doing.
- Activities need to be geared toward the players achieving success, with success measured by FUN.

As a Positive Role Model

- Demonstrate respect for team members, opponents, referees, parents, spectators, and opposing coaches.
- To have a responsibility to the game itself.

Coach's Code of Conduct

We all have a responsibility to promote high standards of behavior in youth athletic programs. Remember youth athletic program participation is a time for participants to develop their technical, physical, tactical, and social skills. Winning isn't everything. Play your part and observe the Clover Parks and Recreation Department's Parent and Spectator Code of Conduct & Ethics.

On and off the field, I will:

- Show respect to others involved in the game including game officials, opposition players, coaches, managers, spectators, and program administration staff
 - Adhere to the rules and spirit of the game
 - Promote fair play and high standards of behavior
 - Always respect the game official's decisions
 - Never enter the field of play without the officials' permission
 - Never engage in public criticism of the game officials
 - Never engage in, or tolerate offensive, insulting, or abusive language or behavior
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When working with players, I will:

- Place the well-being, safety, and enjoyment of each player above everything else, including winning
 - Explain what I expect of players and what they can expect from me
 - Ensure all parents/guardians of all players understand these expectations
 - Never engage in or tolerate any form of bullying
 - Develop mutual trust and respect with every player to build their self-esteem
 - Encourage each player to accept responsibility for their behavior and performance
 - Ensure all activities I organize are appropriate for the players' ability level, age, and maturity
 - Cooperate fully with others in youth athletics (e.g. officials, doctors, and physiotherapists) for each player's best interests
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I understand that if I do not follow the Coaches Code of Conduct & Ethics, any/all of the following actions may be taken by the game officials or the Clover Parks and Recreation Department:

- Immediate dismissal from a game
- Required to meet with program administration staff
- Placed on probation
- Suspended from attending games/activities
- Relieved of my duties as a coach

In addition, the Clover Parks and Recreation Department has adopted a No Tobacco Policy which includes electronic cigarettes. This policy states that participants and spectators must refrain from using tobacco and alternative nicotine products at all Clover Parks and Recreation Department-sponsored events and parks that are maintained by the Town of Clover.

I have read the above information and accept these conditions as part of my commitment to the Clover Parks and Recreation Department's youth athletic programs.

Coaches' Name _____ Date _____

Coaches' Signature _____

BACKGROUND CHECK AUTHORIZATION
CONFIDENTIAL

Print Name: _____
(First) (Middle) (Last)

List Other Names Used: _____

Social Security #: _____ Date of Birth: _____ Gender: Male ___ Female ___

Telephone Number: _____ Email: _____

Driver's License #: _____ DL State: _____

Current Address: _____
(Mo/Yr.) (Street) (City) (Zip/State)

Previous Address: _____
(Mo/Yr.) (Street) (City) (Zip/State)

Previous Address: _____
(Mo/Yr.) (Street) (City) (Zip/State)

Have you ever been convicted or are there charges pending of a Felony or Misdemeanor Crime? Yes, NO If Yes, provide details: _____

I, the undersigned, hereby authorize and give consent for the Town of Clover Parks and Recreation Department to obtain information regarding myself. Information may include the following:

- Criminal background records/information
- Sex Offender Registry checks
- Addresses
- Social Security verification

I authorize this information to be obtained either in writing, via telephone, or digitally in connection with my Volunteer 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.

Signature: _____ Date: _____

OFFICE USE ONLY: Date of BG Check _____ Disqualifications? Yes, No Completed By _____