Hendersonville Parks Department ~ Coaching Application 2017 Spring Baseball (Ages 13-15)

Full Legal Name			
	First	MI	Last
Preferred Name		Baseball Jersey / T-Shirt Size	
Address		City	Zip
Phone Hon	ne Work	Mobile _	
Email Address (only	if checked regulary)		
List children in the p	program (check the child you pr	refer to head coach):	
□ Nam	ne	Current Playing A	ge □ M □ F
	ne		
Monday	his is not a guarantee, but will a Tuesday	Thursday	Friday
Check league(s) that you have coached o 2016 Hendersonville Pa o 2016 Hendersonville Pa o 2016 Hendersonville Pa o 2016 or prior with Henderson o 2015 or prior with Henderson o Cher Cities or Leagues		itan Baseball (12u) ks Summer or Fall Basel ersonville Parks ersonville Civitan Baseba	ball Leagues
NYSCA Certificatio	o Current in Baseball	Card #	exp
	o Current in another sport	Card #	exp

All head coaches are required to be certified in baseball, and have a current and active certification. Assistant coaches are not required, but are welcome to certify. Certification clinics dates and times are TBA. Coaches who are not already certified must attend one of these clinics. \$25 fee is due at the clinic (not in advance) and is the responsibility of the coach. Renewals must contact NYSCA direct.

Please lis	t two (2) character reference	s (not family):
	,	_ Address
	,	_ Address
Backgrou	and form – go to www.hende	ersonvilleparks.org and complete the online background form.
Have you	ever been arrested, charged	or convicted of a crime?NoYes, Please Explain
 This Assis This upon By standard organistate, responses I do late Cupon 	stant coaches are not assigned application is valid for one (a request by the organization application I, to the coache application	the applicant, affirm that all the foregoing information I have provided is true and the applicant, agree (in return for being permitted to volunteer) that if any of the t, I will forever indemnify and hold this organization harmless for any acts or elate to any incorrect information I have provided. the applicant, voluntarily waive my privacy rights to the extent necessary for the youth ng information through any reasonable means, including, but not limited to local, riminal background check(s) and to inform those within the organization who are supervising volunteers. I and full disclosure of all records concerning myself to any duly authorized agent of essee, or to any authorized agent of a criminal justice agency or any private agency ersonville, whether the said records are of a public, private or confidential nature.
Signature	(include maiden name)	Date