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| Applying For SEASON       / YEAR       |
| Head Coach | [ ]  6U [ ]  8U [ ]  10U [ ]  12U [ ]  15U | Would like to coach with: |
| Assistant Coach | [ ]  6U [ ]  8U [ ]  10U [ ]  12U [ ]  15U |       |
| Applicant Information |
| Name:  |       | Date of Birth: |       |
| Address: |       | Driver’s License: |       |
| Phone: |       | Employer: |       |
| Email: |       | Occupation: |       |
| Baseball Coaching Experience |
|       | Years coached with ECB |
|       |       |
| Other Coaching Experience |
|       |
|       |
| Coaching References (Coaches with whom you have been directly associated.): |
| Name: |       | Phone: |       | Years Known: |    |
| Name: |       | Phone: |       | Years Known: |    |
| Character References (No Relatives) |
| Name: |       | Phone: |       | Years Known: |    |
| Name: |       | Phone: |       | Years Known: |    |
| Criminal History  |
| Have you ever been convicted of a felony? | [ ]  No [ ]  Yes | If yes, Date: |       |
| Have you ever been convicted of any crime involving a child? | [ ]  No [ ]  Yes |
| Other than the above, is there any fact or circumstance involving your background that would call into question you being trusted with the supervision, guidance and care of minor children? | [ ]  No [ ]  Yes |
| If yes, explain:       |
| Understanding and Agreement |
| If approved as and ECB Coach, I understand that I will be required to attend scheduled clinic’s and coach’s meetings. I further agree that, if approved, I am responsible for knowing, understanding, communicating, and abiding by the ECB “Coach’s Code of Conduct” as set forth in the ECB organization. I understand that if approved as a coach, that any violation of the code of ethics will be cause for removal by the ECB Board. |
| Signature:  |       |
| The information I have provided may be verified, if necessary, by obtaining a background check and/or contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless any person or organization that provides information. I also agree to hold harmless East Chatham Baseball, the Board of Directors and any agents thereof and any person or organization that provides information and/or is involved in the decision making process. |
| Signature: |       |
| In signing this application, I affirm that the information I have given is true and correct. I understand that the ECB Board of Directors has the right to approve or disapprove any applicant based on the information provided and/or collected on behalf of the applicant and/or if the coaching positions have already been filled via the voting process. |
| Signature: |       |
| To Be Completed by ECB Board |
| Background Check Completed  | [ ]  Yes [ ]  No | If no, indicate why :       |
| Comments regarding coaching/character references and/or past coaching experiences:      |
| Approved  | [ ]  Yes [ ]  No | If no, indicate why :       |
| Positions Approved: |       | Date Approved: |       |