



Bill Arp Baseball



Coach / Assistant Coach / Team Mom Application

Season _____

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Phone (Home) _____ (Cell) _____

Employer Name _____

Address _____

Phone _____

Have you ever coached or assisted in a program? _____

If yes, Where? _____

Position Requested:

Head Coach Assistant Coach Team Mom

Age Group:

Pre-T 2&3 Farm 6U Farm 8U
 Minor 10U Freshman 12U Sophomore 14U

Coach Shirt Size:	
<input type="checkbox"/> Adult SM	<input type="checkbox"/> Adult Med
<input type="checkbox"/> Adult LG	<input type="checkbox"/> Adult XL
<input type="checkbox"/> Adult XXL	<input type="checkbox"/> Adult XXXL

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

Signature

Date



Bill Arp Baseball

