Wheatland Athletic Association 2026 Competitive Baseball Coach

Application Form

**Due by 2/15/2026**

Please check one: Minors (age 9, 10) Majors (age 11, 12) Cross Town (7th/8th gr)

Name of Coach Applicant\* Name and age of Child Player as of May 1, 2026

Name and Grade of Child school year ‘25-’26 (now) Address: City: State: Zip: Home Phone: Work Phone: Cell Phone: E-mail:

(\*\*If selected as a head or assistant coach, a background check is required)

Place of employment Address: City: State: Zip: Number of nights out of town per month

References (Please list 3 who are not family members)

Name: Phone Number Name: Phone Number Name: Phone Number

Is there anything we should know in advance of a formal background check?

Have you ever coached baseball before? If so, where, when, how long?

Have you coached other Wheatland Athletic Association sports? Which ones, and how long?

What is your motivation in volunteering for this position?

What additional experience have you had coaching children?

What is your basic philosophy for coaching players this age?

Did you play baseball in High School? (circle) Yes / No College (circle) Yes / No

List any formal training that you have completed that is related to this position:

Are there any other considerations you would like to note? (Possible assistant coaches or co-coaches, etc)

I understand and agree that:

1. The Wheatland Athletic Association can deny any applicant for any reason.
2. This application is valid for two (2) years and a new application has to be completed for continued volunteer assignments thereafter.
3. By submitting the application, I, the applicant, affirm that all the foregoing information I have provided is true and correct to my knowledge.
4. By submitting the application, I, the applicant, agree (in return for being permitted to volunteer) that if any of the forgoing information is incorrect, I will forever indemnify and hold the WAA harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided.
5. By submitting this application, I, the applicant, voluntarily waive my privacy rights to the extent necessary for the WAA to verify the foregoing information through any reasonable means, including, but not limited to local, state, national, and international criminal background check(s) and to inform those within the WAA who are responsible for accepting and/or supervising volunteers.

Print Name:

Signature: Date:

*Please feel free to provide additional commentary on a separate sheet of paper.*

**Please email to:** **scott.kelsch@waasports.org** **Or mail completed forms to: Wheatland Athletic Association**

**Attn: Scott/Competitive Baseball 2323 Liberty Street**

**Aurora, IL 60502**