

Center Grove Youth Baseball 2021 Volunteer Coach ApplicationPlease email to: cgyouthbaseball@gmail.com

Applicant Information				
Name:		Dat	e:	
Address:				
Cell Phone:	Email Address:			
Employer:				
Employer Address:			_	
Player Information				
Child's Name:		Date of Birt	h:	
2020-21 Grad <u>e</u> :	School attending in 202	20-2021	_	
Coach Information				
2020-21 Age Group Applying	to Coach:			
I am applying for:	☐ Head Coach	☐ Assistant Coach	☐ Either position	
Background / Experience	ce			
Please list all coaching experience including age group and sport:				
Please describe your background/experience in baseball:				
Have you ever had a conflict with a parent, player, coach, umpire/referee, or spectator that resulted in disciplinary action? □ Yes □ No If yes, please explain below:				
Have you ever been convicted of, plead no contest or guilty to any crimes, including crimes involving a minor? □ Yes □ No If yes, please explain below:				
Disclaimer and Signatu	re			
	e Volunteer Coach Application to as a condition of my volunteer p	o the best of my knowledge and hereby osition.	give CGYB permission to	
Signature:	·	Date:		