



Clarkston Youth Baseball Organization 2020 Head Coaching Application

Name _____ Date of Birth _____
First Middle Last

Address _____ Email _____

City/State _____ Zip Code _____ Telephone _____

REFERENCES:

Instructions: Please provide the name, address and telephone numbers of a least three (3) individuals who we may contact about your selection as a Coach.

Name	Address, City, Zip	Telephone Number

Have you ever been convicted of a felony? Yes No If yes, please explain:

Note: The coach selection process may involve a personal interview with members of the Clarkston Youth Baseball Organization. Successful candidates would be expected to assist in winter conditioning sessions that may be scheduled during the off season or attend a coaching clinic sponsored by the Clarkston Youth Baseball Organization.

I have read all of the material contained on this form, and, I understand and am in agreement with all that I have read. I further understand that a background check may be completed.

Signature _____

Date _____

Driver's License # _____

Social Security # _____

Age Level You Wish To Coach: _____ Year Old Team

COACHING/BASEBALL EXPERIENCE:

YEAR	TEAM/LEAGUE	POSITION HELD	AGES

CLINICS ATTENDED:

YEAR	LOCATION	LEVEL

COACHING PHILOSOPHY:

INSTRUCTIONS: In 50 words or less, express your personal philosophy as it relates to sports in general, baseball/softball specifically and what attributes you feel you bring to coaching.

Return completed application by June 15, 2019 TO: The Clarkston Youth Baseball Organization, PO Box 1153, Clarkston, MI 48347 or emailed to doug@riverdawgs.org