



# Clarkston Youth Baseball Organization 2025 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:

<u>YEAR</u>	<u>TEAM/LEAGUE</u>	<u>POSITION HELD</u>	<u>AGES</u>

## CLINICS ATTENDED:

<u>YEAR</u>	<u>LOCATION</u>	<u>LEVEL</u>

## 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.

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Return completed application by July 1, 2024 TO: The Clarkston Youth Baseball Organization, PO Box 1153, Clarkston, MI 48347 or emailed to [doug@riverdawks.org](mailto:doug@riverdawks.org)