South Lexington Youth Baseball (SLYB) – Cal Ripken Division
APPLICATION TO MANAGE/COACH

Please Circle One: ***Major League*** ***Minor League*** ***Rookie League*** ***T-Ball League***

Last Name:	First Name:	Middle:
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell or Pager:
Date Of Birth:	Marital Status:	
Names & Ages of Children:		
Employer:		
Work Week:	Hours:	Days:
Does your job demand your being out of town frequently?		
Do you work evenings? Yes No		Weekends? Yes No
Have you ever coached before? (please circle) Yes		No
If yes, # years coached: Age Group: League: City & State: Experience:		
What was the most rewarding aspect of those experiences?		
How many hours per week would you be able to devote to this work? (p;ease mark whichever applies) 5 hours 10 hours 15 hours		
At what times of the day will you practice?		
What do you feel is the most important result of youth sports programs?		
What do you feel the adults working in youth sports programs should get from the program?		
Will you attend meetings of the Board of Directors at various times during the season? Yes No		
Will you learn and stay current of all Little League Rules and Regulations? Yes No		
References:		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

I hereby certify that all answers to the above are true and I agree and understand that any misstatements may be cause for my application not to be approved. I further understand that my appointment depends upon the availability of a position and the approval of the Board of Directors.

_____ _____

Signature Date