



# 2018 MHPB Manager/Coach Application

Date: \_\_\_\_\_

Name: (first, middle, last) \_\_\_\_\_

Address: \_\_\_\_\_

SSN\*: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Drivers Lic\* #: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

## **\*REQUIRED FOR BACKGROUND CHECK**

**\_\_\_\_ I approve Morgan Hill Pony Baseball to use my information provided above so they can run a confidential background check. Background checks done through a paid third party service.**

**I wish to Manage ( ) Coach ( ) Asst Coach ( ) in the \_\_\_\_\_ Division.**

Do you have children playing in MHPB? Yes No If yes, what Division(s) \_\_\_\_\_

My baseball background/experience is: \_\_\_\_\_ My

coaching philosophy is: \_\_\_\_\_

Have you managed or coached in MHPB, or any other baseball league? \_\_\_\_\_

If yes, Please give name and league, location, level of play, and length of coaching experience: \_\_\_\_\_

Have you coached other youth sports? Yes No

If yes, which one(s) and how long: \_\_\_\_\_

Have you ever been suspended from coaching in a league? Yes No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes please explain: \_\_\_\_\_

Are you willing to attend all the training called out by the MHPB Rule Book? Yes No

**Clinics are NOT Required for Fall Ball, However, Coaching Application is required and CPR or First Aid is recommended**

## **All managers and coaches will be required to complete the following:**

- Coaches Clinic- (every year)
- First Aid (every two years, or have an unexpired First Aid Card): Date of cert: \_\_\_\_\_
- Skills & Drills Clinic (every year) • Coaches Application (every year)

Failure to comply with the above will result in the manager and/or coach dropping to a reserve role for any All-Star coaching positions.

I hereby certify that the information provide on this application is true and correct to the best of my knowledge and belief. I understand that Morgan Hill Pony Baseball may conduct a criminal background check of coaching applicants. I further understand that any omission or incorrect information provided may result in MHPB declining to allow me to coach or manage, and that this can occur at any time. I further understand that any violations of the rules, regulations, guidelines, or code of conduct of MHPB may result in my suspension, either temporary or permanent, from coaching or managing in MHPB.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_