

**WESTSIDE ATHLETIC ASSOCIATION
Manager, Coach, and Volunteer Form**

Head Coach / Assistant Coach / Volunteer: (please circle)

League/Level: _____

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Home Phone _____ Cell Phone _____ Work Phone _____

(MANDATORY) Social Security # _____ Driver's License # _____ State _____

Occupation: _____ Employer: _____ Phone: _____

Email: _____ Alternate Email: _____

All volunteers must submit an application for each new season. Please complete the following questions to the best of your ability. Also note that applications submitted **will undergo a background check** (required by ALL Little League Organizations).

Have you ever been charged with and/or convicted of a felony? **Yes / No.** If yes, provide the state, county and year of charge/conviction/guilty plea, crime/charge at issue and sentence imposed:

Have you ever been charged with and/or convicted of a misdemeanor or felony for assaulting an adult or a child? **Yes / No.** If yes, provide the state, county and year of charge/conviction/guilty plea, crime/charge at issue and sentence imposed:

Do you have children in the program? List name and level of play last year:

Did you Coach last year? If so, were you a Manager or Assistant Manager:

Which division did you coach last year? T-Ball, CP 7, CP 8, Minor 9, Pre-Major 10/11, Major, Dixie

Special Certification i.e. CPR, First Aid

Please list most recent coaching experience:

(SEE BACK)

Manager, Coach, and Volunteer Application Form Commitment

I understand that I am applying to participate in a non-profit organization run by volunteers of the community. I understand and appreciate that Westside Athletic Association, Inc. (WAA) is not obligated to appoint or accept my commitment to any volunteer position. I voluntarily agree, by signing this application, to follow all league and other rules established by WAA. As a condition of volunteering, I give permission to WAA and/or its representatives to conduct a background check on me, which may include a review of sex offender registries, child abuse and/or criminal/civil history records. I understand that, if appointed, my position is conditional and subject to suspension by any league president and/or revocation by WAA. In exchange for any appointment I may receive, I hereby release and agree to hold harmless from liability WAA, its officers, directors, volunteers or other representatives along with any league affiliations of WAA. I further agree to comply with the following:

1. Be willing to attend League meetings – you must know what is going on to be effective. Your input and ideas are needed.
2. Be willing to participate in league functions, i.e., opening ceremonies, workdays, fundraisers, picture day, and clinics.
3. Be willing to spend time necessary with your team at practice and games, practice recommendation is 2 nights per week, and games are generally 1 night per week and Saturday.
4. Be willing to handle the administrative requirements of the team, i.e., rosters, registration forms, etc.
5. Be willing to attend league or district coaching rules and safety clinics.
6. Be responsible for proper safeguarding and use of all equipment, and facilities.
7. Be willing to maintain and teach players and parent's fair play, sportsmanship, team play, and respect for the opponent and umpires.
8. Be willing to work with all league personnel.
9. Be willing to learn and abide by the rules, regulations, and ground rules of the field on which you are playing.
10. Understand that public use of bad language, use of alcoholic beverages and tobacco products is prohibited.
11. Be responsible for obtaining your team's corporate or private sponsorship. If you do not, WAA has the right to refuse your coaching application for the current and future seasons.
12. Winning is not everything, but making the effort to win is.

PRINT Name _____

Manager/Coach/Volunteer SIGNATURE: _____ Date: _____

Please list 3 references which has knowledge of your participation as a volunteer in a youth program.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Westside Use Only:

Background check completed by: _____ Date: _____

System used for background check: ___ Sex Offender Registry ___ Criminal History Records

Equipment Deposit received: _____ Date: _____