

Shawano Youth League Coaching Application

Name: (First) _____ (M.I.) _____ (Last) _____

Address: _____

City: _____ Email: _____

Phone Number: _____

Employer: _____ Occupation: _____

Do you have children in our program? Yes No What grades? _____

What would you like to coach? Baseball Softball Tball

Level: (ages) Please circle one
T-Ball 1/2 Grade(7/8) 3/4 Grade(9/10) 5/6 Grade(11/12) 7th/8th(13/14)

1. Do you or have you ever supervised, coached, or led another youth program?
(including baseball) Yes No

Organization: _____ Year: _____ Age Group: _____
Organization: _____ Year: _____ Age Group: _____
Organization: _____ Year: _____ Age Group: _____

2. Circle all baseball/softball programs in which you have participated as a player:
(experience does not include or disqualify any possible candidates)
Youth Baseball/Softball High School Baseball/Softball
College Baseball/Softball Adult League Baseball Adult League Softball

3. Why do you think you would be a good choice for a Youth League Coach?

4. As a coach, what do you feel are your strengths that you would bring to your team?

Coaches Commitment Form

If appointed as a Coach I will...

- Remember that I am a youth sports coach and that the game is for children, not adults.
- Place the emotional and physical well-being of my players ahead of my own desire to win.
- Understand that the objective of the Shawano Youth League is to promote the ideals of good sportsmanship, respect for authority, and team building.
- Treat each player as an individual, realizing that all children develop differently.
- Realize that statistics and win/loss percentages are minor in comparison to whether a player has a positive, enriching experience.
- Lead by example in demonstrating fair play and good sportsmanship.
- Spend the time necessary with my team at practices and games, and do my best to organize play that is fun and challenging for all players.
- Do my best to provide a safe playing environment, free of drugs, alcohol and tobacco.
- Be responsible for the proper use of all assigned equipment, facilities and uniforms. Return all equipment on the date specified by the Equipment Manager at the end of the season.
- Understand that the Board of Directors is committed to assisting coaches while running a program based on what is best for all participants.
- **Understand that any of the following actions, while in the presence of players, will result in disciplinary action by the Board of Directors up to and including removal as Coach (or Assistant Coach) of your team:**
 - 1) Display of poor sportsmanship or disrespectful behavior, including arguing with the umpire
 - 2) Loss of temper and/or self-control
 - 3) Demonstrating an obvious lack of integrity by intentional manipulation of the rules
 - 4) Use of bad language made toward players, umpires, or other adults
 - 5) Allowing players to "trash talk" opponents, umpires, or spectators
 - 6) Use of alcohol, drugs, or tobacco or related products while around the team

By signing below, I am stating that all of the information I have provided on this application is true to the best of my knowledge and that I agree to the terms of the aforementioned Commitment Statement. I understand that the Shawano Youth League is obligated to take necessary disciplinary action(s) if I do not adhere to these guidelines.

I also certify that I do not abuse drugs and/or alcohol and that I have never been convicted of a felony.

Signature

Date

Background Check

The sole purpose of the agreement is to ensure the safety of our community's youth and maintain the integrity of Shawano Youth League

Authorization for Background Check and Letter of Intent to Volunteer

I, the undersigned, hereby authorize a criminal background check with the results to be given to the Shawano Youth League Board of Directors. I hold the Shawano Youth League Board of Directors harmless in its search for background information, as well as any provider of such information.

Complete Name: _____
(Please Print) First Middle Last

Maiden Name (If applicable) _____ **Phone** _____

Address: _____

Date of Birth ____/____/____ **City/State of Birth** _____

Authorization for Criminal Background Check

I, the undersigned, hereby authorize the Shawano County Sheriff's Department to perform a criminal background check with the results to be given to the Shawano Youth League Board of Directors, I hold the Shawano Youth League Board of Directors harmless in its search for background information, as well as the provider of such information

Applicants Name: _____

Applicants Signature: _____ **Date** _____

For Shawano Youth League Office:

Background check signature _____ **Date** _____

Board Representative Signature _____ **Date** _____

Applicant Approved _____ Applicant Denied _____

**** **Applications are due February 1.** Please mail to.. Shawano Youth League
P.O. Box 222
Shawano, WI 54166