



Application for Coaching

Name: _____ Phone #: _____

Email Address: _____

Mailing Address: _____

Age(s) of child(ren): _____

Division you are requesting: Baseball Softball

Age group you would like: T-Ball Coach Pitch Minors Majors Jr Sr

Please describe any previous coaching experience: _____

Please initial each section to acknowledge acceptance and understanding:

___ I agree to attend fundamentals training.

(Required for first time coaches and all coaches in divisions with players 8 and under.)

___ I understand that I will be a primary source of communication and by accepting this position I agree to participate and support league fundraising efforts and provide all information to the families of the players I am responsible for.

___ Coaching is a big responsibility not just on the field but off the field. Off the field responsibilities include, but are not limited to:

Acting in a professional manner

Performing field maintenance

Making sure all fields and dugouts are left as they were found or better.

___ I understand that I must pass a little league background check and must provide all state required clearances. Information to obtain these can be found on our website under Volunteers, www.UnitedLL.com.

___ I agree to all codes of conduct.

Signature: _____

Date: _____

For league use only:

Little League Volunteer Form

PA State Criminal Clearance

PA State Child Abuse Clearance

Coaches Code of Conduct

Parents Code of Conduct

Attended Fundamentals Training

Issued Clearance Card on: _____, which expires on _____