



Coaching Application

The content of this form will be held in strict confidence

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Level of play you prefer to coach: **Minors(5-6)** **Majors(7-8)** **Willie Mays(9-10)** **Pee Wee Reese(11-12)**
Sandy Koufax(13-14) **Mickey Mantle(15-16)** **Connie Mack(17-18)**

Please indicate if you would prefer to: **Head Coach** **Assistant Coach**

Do you have a child(ren) in the program? **Yes** **No**

If so, please state his/her full name, age and level of play: _____

If you have more than one child indicate which level you would prefer to coach; _____

1. Why do you want to coach youth baseball?

2. What experience do you have in working with groups of kids? Please list their ages and any other pertinent information:



3. Please list any other prior coaching experience:

4. Are you under any restriction from coaching for any other youth sporting association or group? If so please state why.

5. Do you use illegal drugs? **Yes** **No**

6. Have you been charged with any type of child maltreatment? **Yes** **No**

7. Has your driver's license been suspended or revoked in the past 5 years? If yes please state why.

8. Other than above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision or guidance of young people? If so please explain.

9. References

I understand that the information I have provided will be verified. I acknowledge that it is true and accurate. I hereby release and agree to hold harmless STMA Youth Baseball Association Inc., its officers and volunteers regarding decisions made on the information I have provided.

Signature: _____

Date: _____



STMA Youth Baseball Association

PO Box 217 Albertville, MN 55301 (763) 515-7665

BACKGROUND CHECK AUTHORIZATION

Name _____

Last

First

Middle

Maiden, Alias, or Former

name(s): _____

Date of Birth _____ Drivers License

Number _____

NOTICE You are hereby notified that the STMA Youth Baseball Association will request the superintendent of the Bureau of Criminal Apprehension to perform a background check on you under Minnesota Statute 299C.62, in conjunction with your application to coach youth baseball. **All arrests and convictions within the State of Minnesota will be reported!**

You are also notified that you have the following rights:

- 1) The right to be informed that the STMA Youth Baseball Association, which is a children’s service provider, will request a background check on you for purposes of your application to be employed by, or volunteer with, the STMA Youth Baseball Association, to determine whether you have been convicted of a “background check crime”, as defined below.
- 2) The right to be informed by the STMA Youth Baseball Association of the superintendent’s response to the background check and to obtain from STMA Youth Baseball Association a copy of the background check report;
- 3) The right to obtain from the superintendent any record that forms the basis for the report;
- 4) The right to challenge the accuracy and completeness of any information contained on the report or record pursuant to Minn. Statute 13.04, subd. 4;
- 5) The right to be informed by the STMA Youth Baseball Association if your application to be employed by or volunteer with STMA Youth Baseball Association has been denied because of the superintendent’s response; and
- 6) The right not to be required directly or indirectly to pay the cost of the background checks.

Have you ever been convicted of any of the following “background check crimes”?

Child abuse, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct or prostitution-related crime? **YES NO**

If so, describe the crime and the particulars of the conviction on the reverse side of this sheet:

AUTHORIZATION

I acknowledge that I have received and read the notice of my rights, set forth above, and hereby authorize the Bureau of Criminal Apprehension to disclose a background check report to STMA Youth Baseball Association, in conjunction with my application to coach youth baseball. This authorization shall be valid for one year from the date of my signature.

Signature _____ **Date** _____