



CHINO HILLS USA BASEBALL

COACH'S APPLICATION



CHINO HILLS USA BASEBALL (CHUSAB) requires personnel to have this form on file. The Board is required to utilize this form for all coaches. CHUSAB will select the best available adult with leadership qualities for positions in the league to benefit all CHUSAB participants. This is a viable part of our league's screening process.

DIVISION _____

please type or print

Name _____	email _____
Address _____	phone # () _____
	phone #2 () _____
CDL # _____	circle M or F fax () _____

• Have you been accused or convicted of a felony? Yes ___ No ___

If yes, please explain and give date: _____

• Have you been involved with any other youth program? Yes ___ No ___

If yes, please give details: _____

• List previous youth recreation leadership experience: _____

• Have you, to your knowledge, ever had any complaints against you regarding your behavior? Yes ___ No ___

If yes, please explain and give date: _____

• Can you maintain an even temperament during a moment of trial _____

Prerequisite for league personnel: It is forbidden to use profanity, alcohol, or nonprescription drugs during the regular league games, practice sessions, or during league activities which include the attendance of one or more CHUSAB participant(s). Please understand this organization is a nonprofit group, and in order for it to be a positive experience for your child and friends IT NEEDS YOUR SUPPORT! Please carefully read, initial, sign, and date the following statements.

_____ For valuable consideration through participation in, or for, the CHUSAB program, I hereby irrevocably consent to, and authorize the reproduction by CHUSAB, or anyone authorized by them, or any and all photographs of me by any photo medium, including video tape, for normal program purposes for the current year.

_____ I will comply with the Administrative Rules and Regulations of CHUSAB organizations for the current year. I understand this appointment is for the duration of the current season unless revoked sooner by the Board of Directors. I understand that at the direction of the Board, I may be subjected to a background investigation and/or fingerprint verification to determine my suitability for this sensitive community position, and I approve of such action, if deemed necessary (C.P. C.#11105-2).

_____ I will attend the coaches' clinic. I understand and take responsibility for knowing the CHUSAB Rules. I will be a positive role model during the season.

Your Signature: _____ Date: _____

FOR ADMINISTRATIVE USE

The Board of Directors has reviewed this application at a meeting held on:

Date: _____ Location: _____

Action Taken

Accepted ___ Rejected ___ Filed ___ Postponed ___

Secretary Signature _____ President Signature _____