# Euless Parks & Community Services

300 W. Midway Dr. 817-685-1838
Euless, TX 76039 www.parksattexasstar.com

## COACHING APPLICATION

***Head*** _____ ***Assistant*** _____ ***Spring*** _____ ***Fall*** _____

### *Coach Information* ***Please print legibly***

SSN: _____ Texas Driver's License #: _____

TAAF Certification #: _____ Years Certified in Baseball: _____ DOB: _____

Last Name: _____ First Name (Legal): _____ MI: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Marital Status: M [ ] S [ ] D [ ] W [ ] Occupation: _____

League you would prefer to coach? Rookie T-ball 3-4 [ ] T-Ball 5-6 [ ] Coach Pitch 7-8 [ ] 10U 9-10 [ ] 12U 11-12 [ ]

Will you have a child on the team? Yes [ ] No [ ] Child's Name: _____

Did your child play on this team last year? Yes [ ] No [ ]

Team Name: _____ Will you be coaching elsewhere during the same time period? Yes [ ] No [ ]

*Please check one only:* _____ New to League _____ Changing Leagues _____ Returning to League

What size shirt do you need? ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL

### *Experience*

Please list previous coaching/youth work experience:

| Sport/Activity | Organization/Team | Year | Age Group |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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If you have other experience or information that you would like to provide, please attach.

### *Additional Information*

If you answer YES to any of the following, please attach explanation:

1. Have you ever been charged with child neglect, abuse or other child offense? Yes [ ] No [ ]
2. Have you ever been convicted of any felony? Yes [ ] No [ ]
3. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes [ ] No [ ]

**If selected as a Coach or Assistant Coach for a team in the Parks at Texas Star Baseball League, I will agree to the following:**

1. I will follow the rules of the PATS Baseball League.
2. I understand that I will need to pay a deposit for any equipment allocated to me and this deposit will be returned to me once I have returned all of the equipment allocated to me. ($100 deposit required)
3. I will attend TAFF certification class and adhere to the TAFF Code of Ethics.
4. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability, any person or organization that provides information. *(This includes a criminal background check.)*

**Signed:** _____ **Dated:** _____