Jessamine County Youth Baseball
Application to Manage/Coach

Please Circle One: Wee Ball T-Ball Rookie Minor Major Babe Ruth

Last Name:	First Name:	Middle:
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
SSN:	Date of Birth:	Married: Y N
Email:	Completed Babe Ruth Certification? Y N (if yes submit copy of certification with application)	
Names & Ages of Children:		
Employer:		
Work Week:	Hours:	Days:
Does your job require frequent travel? Y N		
Do you work evenings? Y N	Do you work weekends? Y N	
Have you ever coached before? Y N	If yes, number of years?	
Age Group:	League(s):	
City, State:	Experience:	
What was the most rewarding part of these experiences?		
How many hours a week would you devote to coaching your team?		
5 Hours	10 hours	15 hours

References		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

I hereby certify that all answers to the above are true and I agree and understand that any misstatements may be cause for my application not to be approved. I further understand that my appointment depends upon the availability of a position and the approval of the Board of Directors and successful completion of a background check.

_____ _____

Signature Date

Return by mail to: Jessamine County Youth Baseball, PO Box 1159 Nicholasville, KY 40340