



# KEY PENINSULA LITTLE LEAGUE MANAGER / COACH'S APPLICATION

*(All information provided is confidential.)*

If you are interested in being a Manager or Coach, Please:

1. Complete and Sign both pages of the Manager's/ Coach's Application.
2. Complete and Sign the Volunteer Application
3. A black & white copy of your Photo ID must be attached to the Volunteer Application.
4. Print all forms and email them to [askkpll@hotmail.com](mailto:askkpll@hotmail.com).

Feel free to email us at [askkpll@hotmail.com](mailto:askkpll@hotmail.com) if you have any questions.

Thank you very much for helping to make Little League a positive learning environment and fun for everyone!

(PLEASE PRINT CLEARLY)

Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For:  Manager  Assist Coach

Division Applying For:  T-Ball  Minor Prep  Minor  Major  Jr  Sr  
 AA Soft Ball  AAA Soft Ball  Jr. Softball

Little League Background:

(Position) \_\_\_\_\_ (League) \_\_\_\_\_ (Year) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience Working with Other Youth Organizations:

Current Memberships: (Community, Business, Labor or Professional)

References: (List two (2) personal references (no relatives) for character verification)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager / Coach's Application Continued:

Give Reason for wanting to participate in Little League:

It is required for each team to send at least 1 representative to KPLL's monthly Board Meetings. Can you attend meetings and clinics?  Yes  No

If no, state reason:

Are you aware that you or your team will be required to Umpire?  Yes  No

**Additional Information:**

a. Have you ever been convicted of a felony?  Yes  No

If yes, When and in which State? \_\_\_\_\_

b. Have you ever been convicted of any crimes against children?  Yes  No

If yes, When and in which State? \_\_\_\_\_

c. Other than the above, is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision, guidance and care of young people?  Yes  No

If yes, explain \_\_\_\_\_

**I understand that:**

The information that I have provided may be verified, if necessary, by obtaining a record check and/or contacting person(s) or organizations that may have information concerning me. I hereby release and agree to hold harmless any person or organization that provides information. I also agree to hold harmless Little League Baseball, Incorporated, KEY PENINSULA LITTLE LEAGUE, and the officers and volunteers thereof and any person or organization that provides information.

In signing this application, I affirm that the information I have given is true and correct.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President:** Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

**Selection Committee:** Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

**Board:** Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

**Team Assigned:** \_\_\_\_\_

Date: \_\_\_\_\_ President's Signature \_\_\_\_\_

Little League Baseball does not limit participation in its activities on the basis of disability, race, creed, color, national origin, sexual preference, gender or religious preference.