



# SALISBURY **PARKS & LEISURE** DEPARTMENT

62 Douglas St, Salisbury, NB E4J 3E3

372-3280

[Parks.leisure@salisburynb.ca](mailto:Parks.leisure@salisburynb.ca)

## BASEBALL COACHING APPLICATION

### Please Check Position Applying For

\_\_\_ Head Coach

\_\_\_ Assistant Coach

\_\_\_ Manager

### Please Print ALL Information Clearly

Coach's Name: \_\_\_\_\_

Age: (optional) \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Village/Town: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Do you have Children Playing?

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Team

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Team

\_\_\_\_\_  
Date of Birth

### Check Program Preference & Level

#### PROVINCIAL

Mosquito \_\_\_\_\_

Pee Wee \_\_\_\_\_

Bantam \_\_\_\_\_

**HOUSE LEAGUE**

Rally Cap \_\_\_\_\_

Rookie \_\_\_\_\_

Mosquito \_\_\_\_\_

Pee Wee \_\_\_\_\_

Bantam \_\_\_\_\_

**NCCP Coaching Certification**

Level: \_\_\_\_\_ date obtained: \_\_\_\_\_

**Coaching Experience**

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Team: \_\_\_\_\_

Team: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

From Date to Date \_\_\_\_\_

From Date to Date \_\_\_\_\_

Have you ever been suspended, expelled or re-appointed in a coaching position? **YES** **NO**

What in your opinion is the most important aspect of coaching a youth baseball team?

\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to complete an RCMP "Consent for Disclosure of Criminal Records Information" form if so requested from the Salisbury P&L Minor Baseball Association? **YES** **NO**

Other personal information and or experiences (optional) \_\_\_\_\_

**Coaching References**

\_\_\_\_\_  
Name and Phone number

\_\_\_\_\_  
Name and Phone number

**Please read and sign below:**

All information contained in this application will be held in strict confidence and will not be released to second parties without prior written consent from the applicant. All coaching and / or manager assignments are approved by the Parks & Leisure Director. All coaching assignments are on a per season basis and terminate at the close of the final season game. I hereby state that all information contained in this application is true and complete to the best of my knowledge. I hereby grant the Salisbury Parks & Leisure Minor Baseball Association permission to verify the information listed in this application. If selected

I agree to abide by and adhere to all applicable rules, regulations and philosophies of the Salisbury Parks & Leisure Minor Baseball Association. I also understand it is mandatory that I attend accredited Coaches Certification Courses and all required League meetings and special meetings that my presence is requested.

**Authorization:**

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Signature

Date