Jones County National League, Inc.

JCNL P.O. Box 1116, Gray, GA 31032

Manager/Coach Application

Season:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager or Assistant (please circle) Girls or Boys (please circle) League

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime(s)? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No If “yes”, describe in detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Volunteer Community Affiliations (Clubs, Civic, Service, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Any Volunteer Experience/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Baseball/Softball Experience/Year(s), League\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you have children in the program? \_\_\_\_\_Yes \_\_\_\_\_No If (yes) at what level?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been refused participation in any youth program(s) \_\_\_\_\_Yes \_\_\_\_\_No

If “Yes” Explain/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you NYSCA Certified: \_\_\_\_\_Yes \_\_\_\_\_No If “Yes” ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid Thru\_\_\_\_\_\_\_\_\_\_\_\_

Did you \_\_\_\_\_Manager \_\_\_\_\_ Coach last year at JCNL \_\_\_\_\_No \_\_\_\_\_Yes If “Yes” \_\_\_\_\_\_\_\_Team \_\_\_\_\_\_\_\_\_Division

**I HEREBY GIVE MY PERMISSION** to the JCNL Board of Directors to conduct a background check on me which includes a review of criminal and child abuse records maintained by governmental agencies, **AND I HEREBY AGREE** to hold harmless from liability the local League, Officer, Employees, and Volunteers thereof, or any other person(s) or organization(s) that may provide such information. I UNDERSTAND a background check is done before appointment.

Also, I UNDERSTAND that **if** appointed:

1. My position is conditional upon the League receiving no inappropriate information on my background check.

2. I am subject to suspension by the President and removed by the Board of Directors at any time during my term.

3. I MUST abide by the “Rules of Conduct” or face suspension by the League for my failure to do so.

4. I MUST attend any meetings or clinics as required by the League, unless excused.

5. I MUST take the NYSCA certification class or face suspension by the League.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_