

**APPLICATION TO COACH OR ASSISTANT COACH A TEAM  
THOUSAND OAKS LITTLE LEAGUE**

(Applicants Must Complete All Items and Sign Application)

Mail to: TOLL: 1363 Calle Avellano, Thousand Oaks, CA 91360 Fax: 818-475-1390

**APPLICATIONS MUST BE IN BY November 22, 2009**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_
2. Address: \_\_\_\_\_ City/Zip \_\_\_\_\_
3. Telephone: \_\_\_\_\_ (Work): \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Number of years in this community: \_\_\_\_\_
6. Did you coach last season? Yes / No  
If Yes, what Division: \_\_\_\_\_ Team: \_\_\_\_\_
7. Names and ages of children planning to play in TOLL:  
\_\_\_\_\_
8. Name of two current active TOLL or community member for use as a reference.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
9. Please list the division(s) in which you would be willing to coach or assistant coach in.  
Division: \_\_\_\_\_  
Division: \_\_\_\_\_
10. List your baseball experience.  
\_\_\_\_\_  
\_\_\_\_\_
11. What is your philosophy about coaching baseball?  
\_\_\_\_\_  
\_\_\_\_\_
12. If appointed as a coach or an assistant coach in TOLL, I agree to the following two areas of interest and understand that if I do not comply fully with any of the following requirements I may be removed as a coach. Please initial each item.
  - A.) -Teaching baseball and setting a good example on and off the field \_\_\_\_\_
    - Attend the TOLL Coaches Clinic \_\_\_\_\_
    - Help players attain the individual and team goals set forth by TOLL \_\_\_\_\_
    - Fostering a positive environment for players, parents, officials and Volunteers, so that everyone in TOLL can enjoy Baseball \_\_\_\_\_
  - B.) - Performing the administrative tasks necessary for the League to operate smoothly. Many of these duties can be delegated to parents, but they are all the responsibility of the coach. They include:
    - Find a Team Sponsor \_\_\_\_\_
    - Have your team on time for picture day \_\_\_\_\_
    - Cleaning the fields as required \_\_\_\_\_
13. Have you ever been convicted of any crimes(s)? Yes / No  
If yes, Explain: \_\_\_\_\_
14. Have you ever been convicted of a crime against or involving a minor? Yes / No  
If yes, Explain: \_\_\_\_\_
15. Have you ever been refused participation in any other your programs? Yes / No  
If yes, Explain: \_\_\_\_\_

I give permission for TOLL to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that if appointed, my position is conditional upon TOLL receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability TOLL, the officers, employees and volunteers thereof, or any other person(s) or organizations(s) that may provide such information. I also understand that regardless of previous appointments I may not be appointed to a volunteer coach or assistant coach position. If appointed I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Thousand Oaks Little League (TOLL) will not discriminate against any person on the basis of race creed, color, national origin, marital status, sex or sexual orientation, or disability.