

OCEE PARK Babe Ruth League® 2008 Spring/Fall Coaches Application

Softball, Baseball, Tee-Ball: _____

Division: _____

Age Group Interested in Coaching: _____ (5/6, 7/8, 9, 10, 11/12, 13/16)

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

DRIVER LICENSE NUMBER: _____ STATE: _____

(NOTE: All coaches are subject to background check)

YEARS SERVED:

1. ON THE OCEE PARK EXECUTIVE BOARD _____
2. AS AN OCEE PARK COMMISSIONER _____
3. AS MANAGER AT OCEE PARK _____
4. AS ASSISTANT COACH AT OCEE PARK _____
5. AS MANAGER OR COACH FOR YOUTH TEAMS OTHER THAN AT OCEE PARK _____
6. OCEE PARK COMMITTEES SERVED ON:
_____ Year _____
_____ Year _____
_____ Year _____
7. AS MANAGER OR COACH FOR YOUTH ORGANIZATIONS OTHER THAN OCEE PARK BABE RUTH LEAGUE _____

NAME OF ASSOCIATIONS:

PHONE NUMBERS:

8. TRAINING OR CERTIFICATIONS YOU HAVE RECEIVED TO ENHANCE YOUR CAPACITY TO SERVE AS COACH:

EXPLAIN YOUR PERSONAL OBJECTIVE OR REASONS TO COACH FOR OCEE PARK:
