Application for Manager or Asst. Coach Position Fluvanna Youth Baseball

P.O. Box 431

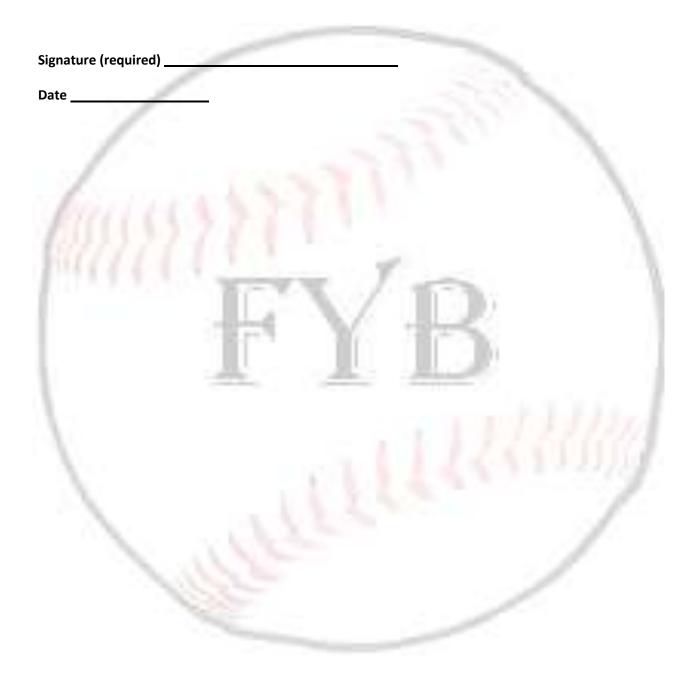
Palmyra, VA 22963

<u>Name:</u>				
Address:			232.	
Previous Address	if at current address I	ess than 3 years:		1
Phone:	711	- T.		- 3
н	w		C	
E-mail Address:		I j		
Social Security Nu	mber: (Background (Checks are now mandato	ory):	
Position Applying Manager				
Major Division	Minor Division	Rookie Division		
T-Ball	Blast Ball			
Have you ever had	d a child play at FYB?			
Do you have a chil	ld / (children) that wi	ll play at FYB this year?		
If Yes, Name(s)/Ag	<u></u>			
	_			
Mith which Mone	aar Assistant artaar	n do vou wish to coach?		

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1				
Year	Coaching Experience (all	Age Group	Manager / Assistant	League Contact ,
		1/		
	100	344		
	-00-	4		
				11/1/
V.				8 1/64
			44.	9
ease list three	references.		333	
ease list three		dress	Phone	Relationshi
1.7		iress	Phone	Relationshi

With my signature below, I authorize FYB officials to check my experience and references. Further, I authorize FYB officials to perform a criminal background check, and sex offender check. All information obtained in this report is confidential and becomes the property of FYB.

Completing this application does not guarantee a coaching position in FYB baseball. All coaching positions will be filled at the discretion of the FYB Board of Directors.



Fluvanna Youth Baseball Cal Ripken Baseball

BACKGROUND INVESTIGATION CONSENT

l,	, hereby authorize Fluvanna Youth Baseball (FYB), Cal					
Ripken Baseball League, an	d/or its agents to make an indep	endent investigation of my background,				
references, character, past	employment, education, credit	history, criminal or police records, including				
those maintained by both p	public and private organizations	and all public records for the purpose of				
confirming the information	contained on my Coaching Appl	lication and/or obtaining other information				
which may be material to n	ny qualifications for voluntee <mark>r</mark> ac	ctivities now and, if applicable, during the				
tenure of my employment	with FYB Cal Rip <mark>ken Baseb</mark> all Lea	gue.				
Z000003	7713					
		and any person or entity, which provides				
	s authorization, from any and aid d from any and all of the above r	l liabilities, claims, or law suits in regards				
to the information obtained	and the above i	ererenced sources dised.				
The following is my true an	d complete logal name and all in	formation contained baroin is true and				
correct to the best of my kr		formation contained herein is true and				
1						
Name:(First)	(Middle)	_(Last)				
Signature:		Date				
SSN:	* Date of Birth					
* *NOTE: The above informat	on is required for identification pur	poses only, and is in no manner used as				
qualifications for employment	or volunteer status.					
EVO CALDIA DA LA "						
FYB, Cal Ripken Baseball Le	ague is an Equal Opportunity Em	ployer, and does not discriminate on the				

basis of Sex, Race, Religion, Age, Handicap or National Origin,