



Select Baseball Coach Application

You must fill in all shaded fields

Contact Information:

Name:	<input type="text"/>	Home Phone:	<input type="text"/>
Address:	<input type="text"/>	Cell Phone:	<input type="text"/>
City:	<input type="text"/>	Email:	<input type="text"/>
Zip Code:	<input type="text"/>	Date of Birth:	<input type="text"/>
Age Group and Level (AA, AAA, or Major) Applying For:		<input type="text"/>	

Current Employer's Information:

Name:	<input type="text"/>	Job Title:	<input type="text"/>
Address:	<input type="text"/>	# of Years:	<input type="text"/>
City:	<input type="text"/>	Work Phone:	<input type="text"/>
Zip Code:	<input type="text"/>	Email:	<input type="text"/>

Questions:

- 1) Are you NYSCA certified? If yes, provide certification number and expiration date.
- 2) What is your previous baseball coaching experience? Include any tournament experience you have and the age group you coached.
- 3) What is your previous baseball playing experience?
- 4) Please identify your past FMYSA volunteer activities.
- 5) What method will you use for selecting players during your tryout?
- 6) Are you aware of any grievances against you? Have you been ejected from a game in the last 24 months?



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Statement of Applicant's Understanding and Agreement:

I understand that the objectives of FMYSA are to nurture the youth of the community, the ideal of good sportsmanship, honesty, loyalty and courage, so that they may be stronger and happier youths who will grow to be good, clean, healthy adults. In addition, FMYSA is committed to providing the best possible baseball education while making the game enjoyable to play. By my participation in FMYSA, I agree with these objectives and will strive at all times to set a positive example to our youth. This will lead to their development as good citizens and athletes.

I have read, understand, and agree to abide by the rules and regulations as set forth by FMYSA and the other rules and regulations of the game of baseball.

I further understand that FMYSA may refuse to allow my participation with or without a reason, with or without interviewing me and regardless of my prior participation in FMYSA.

I further understand that, even if I am allowed to participate this year, FMYSA is not obliged or required to allow my participation next season, or in subsequent years.

I understand that I have applied for a voluntary position without pay, and thus serve at the pleasure of the FMYSA governing board. I am aware that my participation in FMYSA may be terminated pursuant to the FMYSA bylaws, with or without any opportunity for me to present evidence on my behalf. I understand, and agree, that I must confine appeals to the provisions set forth in the FMYSA bylaws.

IN THE EVENT THAT MY PARTICIPATION IN FMYSA IS EVER TERMINATED AFTER IT HAS BEGUN, I HEREBY WAIVE ANY LEGAL CLAIM AGAINST FMYSA ARISING IN ANY MANNER FROM THE FACT OR METHOD OF ANY TERMINATION.

I hereby grant FMYSA permission to investigate this application for participation as it sees fit including, without limitation, the right to speak to references I have listed herein. In addition, I grant FMYSA permission to perform a background check.

Upon request of FMYSA, I agree to do the following:

- Provide additional references as to my character and/or qualifications to participate in FMYSA
- Submit to an interview process conducted by FMYSA governing Board.

I also understand that, if I am chosen, my team will take on its own financial responsibilities to include tournament entry fees, travel expenses (if applicable), equipment, etc.

I hereby authorize FMYSA to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give unto FMYSA any information they have regarding me. IN CONSIDERATION OF FMYSA CONSIDERING AND RECEIVING THIS APPLICATION, I RELEASE FMYSA AND THEIR RESPECTIVE AGENTS, SERVANTS, AND OTHER VOLUNTEERS AND ALL PROVIDERS OF INFORMATION FROM ANY LIABILITY RESULTING FROM FURNISHING AND RECEIVING THIS INFORMATION.

I declare under penalty of perjury that all of the foregoing is true and correct to the best of my knowledge.

Applicant Signature

Date