

# SKSA Baseball Manager Application

## Team Manager Application Spring Klein Baseball

Name	_____	Home Phone	_____	Cell Phone	_____
Address	_____	Work Phone	_____	Fax No.	_____
City, Zip	_____	Home Email	_____		
Subdivision	_____	Work Email	_____		

### League & Age Group

Circle appropriately (If multiple choices, indicate first and second choice)

<b>Pitching AA</b>	<b>Single A Pitching</b>	<b>Non - Pitching</b>	<b>Seniors</b>
14 Year Old	14 Year Old	8 Year Old (Coach Pitch)	15-18 Year Old
13 Year Old	13 Year Old	7 Year Old (Coach Pitch)	
12 Year Old	12 Year Old	6 Year Old (T-Ball)	
11 Year Old	11 Year Old	5 Year Old (T-Ball)	
10 Year Old	10 Year Old		
09 Year Old	09 Year Old		

### Manager Guidelines and Volunteer Requirements

- The executive board shall approve all applications and reserves the right to reject any application in the best interest of the league.
- Managers are required to have a child playing in the age group for which they are applying. Any exceptions require Executive Board approval.
- Managers are limited to managing only one pitching age league team age 9-14 per season
- Managers will be awarded teams based on their SKSA volunteer history and previous team manager experience.
- Managers are required to provide the minimum volunteer service to the league
  1. Attend manager clinics offered by SKSA
  2. Work at least one tournament for a minimum of 4 hours \*
  3. Work at field work day for a minimum of 4 hours \*
  4. Work Opening Day Ceremonies a minimum of 4 hours\*

**NOTE:** \* Indicates activity can be fulfilled by Manager's designee (assistant coach, team parent, etc.)

### Manager & Volunteer History

Please list out your SKSA volunteer history including previous team manager experience including seasons.

**Once complete, fax to 832-442-4422 Attention: Keith Durrett**

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Applicant's Name: \_\_\_\_\_

Please answer the following questions by circling:

Are you free of illegal substance abuse?	Yes	No
Have you been convicted of a criminal offense?	Yes	No
Have you been arrested or convicted for the use or sale of drugs?	Yes	No
Have you been hospitalized or treated for the abuse of alcohol or substance abuse?	Yes	No
Have you been arrested or convicted of child neglect or abuse?	Yes	No
Has your driver's license ever been revoked or suspended?	Yes	No
Is there any other fact or circumstance that would call into question entrusting you with supervision, guidance, and care of young people? If so, please explain. N/A	Yes	No

List three character references with their phone numbers.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please carefully read the following statement before signing.

I, the undersigned, understand that:

The information that I have provided may be verified by contacting agencies, or persons or organizations named in this application and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the Spring Klein Sports Association.

**I allow the Spring Klein Sports Association to conduct a Criminal and Sexual Misconduct Background Check on me, and I will provide the Appropriate information and release attached to this form. I understand that this information will be kept confidential; however it will have an affect on the approval of my application.**

In signing this application, I swear and affirm that the information that I gave is true and correct. I understand the manager responsibilities and agree to the manager volunteer requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SPRING KLEIN SPORTS ASSOCIATION

### RELEASE AND AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize any employer, law enforcement agency, state agency, institution or private information bureau that has any record or knowledge of my motor vehicle operation history, or criminal history, if any, to provide Creg Hargis and Associates, or any other agency SKB selects, any such information. This authorization includes, but is not limited to birth, court, criminal, driving, immigration, legal, military and naturalization records. This authorization shall be valid for one year from the date it is signed and a photographic or faxed copy of the authorization shall be as valid as the original. Permission is hereby granted for information to be released by any state agency.

I waive any provision impeding the release of this information, and agree to provide any information necessary for the release of this information above and beyond that provided on the application.

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**Signature**

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**Date**

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**Social Security Number**

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**Date of Birth**

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**Current address**

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**Driver's License Number**

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**City/State/Zip Code**

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**State Driver's License Issued**

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**Print Full Name & Other Names Used (over the past 10 years)**

If living at current address less than 10 years, please provide all prior addresses for the past 10 years in the location provided.

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Years(s)

Address

City

State

Zip Code

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