

Shaw Park Manager's / Coach's Application Form



Please PRINT clearly and fill out the form completely, including your signature.

Position: Manager Assistant Coach

League: Shetland Pinto Mustang Bronco Pony Travel _____ (age)

Last Name: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ Gender: Male Female Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ St: _____ Zip: _____ County: _____

Occupation: _____ Employer: _____ Work Phone: _____

Email: _____

EXPERIENCE: Please list your coaching experience through the past 4 seasons

Season/Year	Age Group	Park	Position (Mgr/Assist)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

REFERENCES: Please list three references regarding your team managing qualifications:

Name	Phone	Email Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SIGNATURE:

APPLICANT'S SIGNATURE: _____ DATE: _____

Application deadline is listed in the Calendar of Events page of the www.shawparkbaseball.com website. Applicant is responsible for accuracy of the information listed on this form and having this form submitted prior to the deadline. Applications without a signature will not be considered. When completed, mail application to:

SHAW PARK BASEBALL
P.O. Box 669755
Marietta, GA 30066

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Please PRINT clearly and fill out the form completely, including your signature.

I hereby authorize Shaw Park Baseball, Inc. to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency. Neither Shaw Park Baseball, Inc. nor its agents shall be violating my right to privacy in any manner and I hereby release them from all liability, whatsoever, for actions related to this inquiry. I acknowledge that I have received valuable consideration for this release and understand that this release and records check is to be used by Shaw Park Baseball, Inc. as part of the manager/coach selection process.

FULL NAME PRINTED _____

DATE OF BIRTH: _____ / _____ / _____
Month Day Year

SOCIAL SECURITY: _____

GENDER: _____ (Male / Female)

SIGNATURE: _____

DATE: _____

For Official Use Only