



# Olive Baseball & Softball Coach & Umpire Application

- YES, I plan to coach softball/baseball/teeball.
- YES, I plan to umpire softball/baseball/teeball.

## Section 1 (fill out completely)

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M / F

Mailing Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

\* Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a member of a local church?  Yes  No If yes, where? \_\_\_\_\_

## Section 2 (please circle or check)

1. Check the box of the division you would like to coach and/or umpire. Mark your umpire preference with a "U".

Divisions Subject to Change	Boys Play Baseball	Girls Play Softball	Teeball & High School are Coed
	K4/K5 – Coed Teeball	<input type="checkbox"/>	1 <sup>st</sup> GR – Advanced Coed Teeball <input type="checkbox"/>
	2 <sup>nd</sup> to 3 <sup>rd</sup> GR – C.P. Minors Baseball	<input type="checkbox"/>	2 <sup>nd</sup> to 4 <sup>th</sup> GR – Coach Pitch Softball <input type="checkbox"/>
	4 <sup>th</sup> to 5 <sup>th</sup> GR – C.P. Majors Baseball	<input type="checkbox"/>	5 <sup>th</sup> to 8 <sup>th</sup> GR – JV Kid Pitch Softball <input type="checkbox"/>
	6 <sup>th</sup> to 8 <sup>th</sup> GR – JV Kid Pitch Baseball	<input type="checkbox"/>	High School Softball (Boys / Girls) <input type="checkbox"/>

Meeting for ALL Coaches  
\*MANDATORY\*  
**Tues. February 21<sup>st</sup> at 6:00pm**

Evaluation Dates:  
Saturday, Feb. 4<sup>th</sup> at 10:00 am  
Saturday, Feb. 4<sup>th</sup> at 3:00 pm  
Thursday, Feb. 9<sup>th</sup> at 6:00 pm  
Thursday, Feb. 16<sup>th</sup> at 6:00 pm

Coaches Training Day  
**Sat. February 18<sup>th</sup> & 25<sup>st</sup> 8:30am**

2. What is a day that you CAN NOT practice? Mon. Tues. Thurs. Fri.
3. Mark all times that you CAN NOT practice? 5:30pm 6:30pm 7:30pm 8:30pm
4. What is your shirt size? MEN / WOMAN - S M L XL XXL XXXL
5. Please list your children who will be playing in this year's Olive league, if applicable.

Child's Name	Grade	Gender	I plan to coach my child's team		
_____	_____	M F	Yes	No	*List any additional
_____	_____	M F	Yes	No	children on the back
_____	_____	M F	Yes	No	

6. Have you ever coached Teeball / Softball / Baseball before (circle all that apply)? Yes No

7. Have you made a personal commitment to Jesus Christ? Yes No

Please share a little about your relationship with Jesus (use the back of this application if you need more room).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Which Evaluation will you be attending? (circle) Feb. 4<sup>th</sup> 10AM Feb. 4<sup>th</sup> 3PM Feb. 9<sup>th</sup> 6PM Feb. 16<sup>th</sup> 6PM

These evaluations are for the players and we need as much help as possible. It would be a great opportunity to serve your church and meet some of your future players and their parents. We will have a training period 30 mins. before each evaluation and all materials will be provided.

## Authorization

*I affirm to the best of my knowledge that the information on this application is correct. I hereby authorize Olive Baptist Church to run a background check through any agency of their choice. ( \*all information is kept confidential)*

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

*I understand I will be required to lead my team in a weekly devotion. I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc) may have a negative affect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.*

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