

# Application To Manage

Return application during registration or mail to SCLL, Manager Selection Committee; PO Box 30698  
Tucson AZ 85751

***Please Print***

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

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Date of birth of child (or children) who will be playing in SCLL this year \_\_\_\_\_

Which division(s) of baseball do you prefer? \_\_\_\_\_ Rookie League (Tee Ball ages 4 - 6) \_\_\_\_\_ A  
Division (Coaches Pitch 6 -8) \_\_\_\_\_ Minor Division (ages 7 -11) \_\_\_\_\_ Major (ages 11-12) \_\_\_\_\_  
50/70 (ages 13), and Juniors (14)

**(if you need more room to answer any question please attach another piece of paper)**

1. Did you Manage or Coach with SCLL last year? \_\_\_\_\_ Yes \_\_\_\_\_ No - If yes, skip to question #5.

2. Have you managed or coached in Little League, similar youth baseball programs or other youth sports programs? \_\_\_ Yes \_\_\_ No If yes, how many years? \_\_\_\_\_  
What levels? \_\_\_\_\_ What league? \_\_\_\_\_  
Location? \_\_\_\_\_

3. Have you had baseball experience other than managing/coaching? \_\_\_ Yes \_\_\_ No If yes, please explain

4. Briefly state any experience you've had working with groups of children.

(Continue on reverse side)

5. Please give a statement as to why you are interested in assuming this responsible position in the League.

6. Give an assessment of your previous season.

7. References: (List those familiar with your character outside of SCLL.)

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

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

8. Have you ever been convicted of a felony relating to the use or sale of drugs or of any crimes against children? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and in which state? \_\_\_\_\_

**I understand that as a Manager/Coach for SCLL I am also responsible and agree to do the following:**

- 1. Complete a Little League Volunteer form and collect Volunteer forms from coaching staff and team parent**
- 2. Attend mandatory coaching and league information meetings**
- 3. Attend assessments**
- 4. Secure a team parent**
- 5. Assist the League in communicating information to players and their families**
- 6. Assist the League in field maintenance when so designated**

As Little League International requires per regulation I (b) & I(c)(8,9), I understand that the information I have provided will be verified by obtaining a background check and/or contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless any person or organization that provides information. I also agree to hold harmless Little League International, Sabino Canyon Little League, Inc. and the officers and volunteers thereof. In signing this application, I affirm that the information I have given is true and correct.

If given a Manager/Coach position with Sabino Canyon Little League, I agree to promote the purpose of this program and to abide by SCLL Constitution and By-Laws, Little League International Playing Rules, and other rules and policies established by SCLL. I understand I may be suspended or removed for violation of said rules and regulations.

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