

Kennedy Little League – 2010 Coaches Application Form
Completion of this form is mandatory for all persons interested in coaching.

Please fill out this form to the best of your ability. Kennedy Little League would like to give all persons the opportunity to be a volunteer coach. This form is our way of finding out about your interest. We would like to give every an opportunity regardless of experience, although experience does not guarantee that you will be chosen. You are filling this form out because you have the desire to coach, the time and energy to give kids the attention they need and because you are a positive role model.

By filling out this application, I hereby grant permission to Kennedy Little League to conduct a personal background gathering required by Little League Baseball Inc.

Name: _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____
City: _____ **Zip:** _____ **Email:** _____

Level Interested in Coaching (Place X in box)									
Girls and Boys (Age as of 4/30/current year)		Baseball (Age as of 4/30/current year)				Softball (Age as of 1/1/current year)			
4, 5, 6 & 7		8, 9 & 10	10, 11 & 12	13 & 14		7 & 8	9 & 10	11&12	13 & 14
Beginner T-Ball	Advanced T-Ball	Minor	Federal	Major	Junior	U8	Minor - U10	Major – U12	Junior – U14

My Child's/Children's Name(s) and Level(s): _____

Yes No

_____ I would like to be a Head Coach. I would like to coach with: _____

_____ I would like to be an Assistant Coach. I would like to coach with: _____

_____ I have coached at KLL previously. If yes, year(s) and level(s): _____

_____ I am willing to attend a coach's clinic.

_____ I would be interested in being an All-Star Coach

_____ As a coach of a league with All-Stars, I understand my responsibility to participate in the process. (this includes participating in All-Star tryouts. Visit the Coaching Information Web Page for additional information.)

_____ I have coached other Little League teams. If yes, where, when and level(s): _____

I have worked with children in the following activities: _____

Comments: _____

Signature _____ Date _____

Mail to:
Kennedy Little League
P.O. Box 7381
Madison, Wisconsin 53707