LAKEWOOD JUNIOR BASEBALL ASSOCIATION (LJBA) COACHING APPLICATION

Name:		
Last Address:	First	Middle
City:		Zip:
Phone:	Eman.	
Date of Birth:	S.S. Number:	
Employer:		
Employer Address:		
Supervisor:	Phone:	
Coaching Experience:		
Please list any experience you l	have in mentoring or leading children	in organized functions:
Please provide 4 references on	page two of this application, and incl	ude for each reference their
	pers and the nature of your relationshi	
Application is complete and co and obtain such information as of the information on this Ap limited to, conducting backgr	by that, to the best of your knowledge orrect, (ii) authorize the directors of they deem necessary in their sole deplication and your fitness to coach round investigations, and (iii) agreed, and agents from and against all or intentional acts.	LJBA to make such inquiries iscretion to verify the accuracy for LJBA, including, but not to indemnify LJBA and its
Signature		Date

References:			
Name:			
Address:			
	State:		
Phone:	Email:		
Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Name:			
City:		Zip:	
Phone:	Email:		