

VOLUNTEER BASEBALL COACH APPLICATION FORM 2016-2017

Print form, fill out and mail to: City of Mason Volunteer Program Mason Community Center 6050 Mason-Montgomery Road Mason, OH 45040

PLEASE CHECK BELOW V	VHAT APPLIES: ASSISTANT COACH TO)		(LIST HEAD COA	ACH'S	NAME)		
Name						DATE		
ADDRESS				Сіту		ZIP CODE		
EMAIL H				HOME PHONE		WORK PHONE		
DRIVERS LICENSE OR OHIO ID # Age						O 19 – 30	3 1 – 54	O 55+
HIGH SCHOOL GRADUATE O YES O NO						IF NO, PASSED HIGH SCHOOL		
HIGH SCHOOL NAME/LOCATION						EQUIVALENCY TEST: O YES O NO		
COLLEGE OR UNIVERSITY NAME/LOCATION SUBJECTS STUDIED						DEGREE(S) EARNED		
- CODUCTION CONTRACTOR								
EMERGENCY CONTACT: NAME #1				NAME #2				
ADDRESS				ADDRESS				
RELATIONSHIP	DAY PHONE	NIGHT PHONE		RELATIONSHIP	DAY PHONE		NIGHT PHONE	
List all convictions (including date and name and location of court where convicted) after your 18th birthday. (You are not required to list a record, which has been expunged.) A "yes" answer is not an automatic bar to placement, but an untrue answer will disqualify you. If yes, please explain fully below. Attach a separate sheet if necessary. WORK EXPERIENCE: ARE YOU PRESENTLY EMPLOYED? CHECK AS MANY AS APPLY.								
O EMPLOYED FULL TIME O EMPLOYE				_				
O FULL-TIME STUDE			_	E STUDENT		O RETIRED		
O LOOKING FOR WO	RK	О Ном	EMAK	ŒR				
NAME AND LOCATION OF CURRENT EMPLOYER OR SCHOOL								
JOB TITLE OR SCHOOL YEAR HAVE YOU EV			U EV	VER BEEN DISCHARGED FROM A POSITION? O YES O NO				
ARE YOU NYSCA CERTIFIED? O YES O NO IF YES, LIST YOUR NYSCA CERTIFICATION ID # AND EXPIRATION DATE *IF NO, GO TO WWW.NAYS.ORG, AND DO THE ON-LINE CERTIFICATION FOR COACHES. EMAIL CERT # TO DMAIDENBERG @MASONOH.ORG								
				No IF YES, LIST YO				
			l Asso	ociations (NFHS). and	do th	e on-line certifica	tion for coach	ies.
I certify that all statemen Mason to investigate the am working at all times of	accuracy of this informati	olication and on othe on. I am aware that ut monetary comper	finge	olementary material are tro printing is required before n or benefits, and not as a	place	ment on a team. I u	understand that	
SIGNATURE OF APPLICANT				Date				
SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS A MINOR)								



Dear Volunteer baseball coach prospects,

Mason is delighted that you would consider serving the children in this community by volunteering to coach youth baseball. Our foremost concern is the safety of the children and we will take reasonable measure to insure their safety.

We ask that you provide a new application this year so that we are assured of having the most up to date contact information. Also, we have made it a policy to require a background check every year, even for our returning coaches. We hope you will recognize the importance of insuring our Mason residents that we value a healthy and safe play environment for their children. The few minutes we ask you to sacrifice for this process is well worth it if we can avoid incidents.

To simplify the process, here is what we ask of you:

- Complete the Volunteer Application (regardless of you being a returning coach)
- Go to the police department to get fingerprinted on any of the following dates. Please be sure to bring a valid photo ID (drivers license, passport, or State ID card)

Anytime Monday-Friday between 8:00 am and 4:30 pm

- Note-Regarding the background check, your fingerprints are scanned and sent electronically to the Ohio Bureau
 of Criminal Identifications criminal database. The fingerprints are run through for COMPARISON ONLY, to see if
 you have ever been fingerprinted on an arrest or criminal offense charge. Your record check is performed and
 the fingerprints are never kept in the system. The background check is then only good from year to year. Thus
 the reason for having to do this every year.
- Provide your NYSCA (National Youth Sports Coaches Association) certification number on the application if your certification is current. If you need to renew or get NYSCA certified, please go to www.nays.org and follow the links for NYSCA online. Once you complete the online certification, forward your NYSCA certification number to Dana Maidenberg at dmaidenberg@masonoh.org
- Complete the Youth Sports Concussion Training <u>The National Federation of State High School Associations</u> (NFHS). and send the certificate of completion along with date of completion to Dana Maidenberg at dmaidenberg@masonoh.org

Final Deadline: <u>Tuesday</u>, <u>January 31st</u>, <u>2017</u> It will take a few weeks for the background check and our other internal processes. Please anticipate a delay in providing your services if you are unable to meet this deadline.

Dana Maidenberg Volunteer Coordinator 229-8555 ext. 5514 dmaidenberg@masonoh.org