



Thompson Rivers Parks & Recreation District
110 S Centennial Dr. Ste B Milliken, CO 80543
2014 Coaching Application and Contact Information

Name: _____

Address: _____

City/ST/Zip: _____

Home & Cell Phone: _____

Work/Alternate: _____

Email: _____

SSN: _____ **DOB:** _____

Coaching Experience: Years coaching Baseball: ____ **Head Coach:** ____ **Ass't:** _____

Other Coaching Experience: _____

I would like to be a: **HEAD COACH** _____ **ASSISTANT COACH** _____

I understand that my filling out and providing the above information do not guarantee coaching for a Thompson Rivers Elite Baseball team. I hereby give permission to Thompson Rivers Parks & Recreation District to evaluate my abilities to coach in whatever capacity. This may include but may not be inclusive to a criminal/security background check.

I have ____ have not ____ been convicted of a felony crime.

Printed Name: _____

Signature & Date: _____

All coaches must undergo a security background check and obtain concussion certification