Interior Baseball League PO Box 74805

PO Box 74805 Fairbanks, Alaska 99707 907-347-0877

interiorbaseball@gmail.com www.leaguelineup.com/fnsbibl



Manager-Coaches Application

Name		Date	
Mailing Address			
Phone: Home	Work	Cell	
Email Address			
Occupation		Employer	
Professional Training, Skills, Hobbi	es		
Previous Volunteer Experience (inc	cluding baseball)		
Do you have children in IBL?	If	yes, which Division?	
Special Certifications: CPR, Medica	al, etc.	·	
Do you have a valid Driver's Licens	se?		
Have you been convicted of any cri	imes?		
If yes, explain			
Have you ever been refused to par	ticipate in any youth programs?		
If yes, explain			
For which are you applying?			
Which Division?			
Please list three references, at least programs:	one of which has knowledge o	f your participation as a volunteer in youth sports	
Name		Phone	
Name		Phone	
Name		Phone	
League (IBL). I will provide IBL with release and agree to hold harmless thereof, or any person or organization	a copy of my Criminal History from liability, Interior Baseball L on that may provide further infor on of my term, I am subject to s	en all the information required by Interior Baseba Background Check, as required by IBL. I hereby League, the Offices, Employees and Volunteers emation as to my background or character. I also suspension by the IBL President and removal by a Application.	
Applicant Signature		Date	
Applicant Signature		Date	
Applicant Printed Name			