

Dear Potential Coach;

Thank you for your interest in being a Baseball or Softball coach with the Cedar Falls Recreation Division. The intent of our programs is to be fun and a learning experience for both participants and coaches. Learning Sportsmanship, fundamentals, and enjoyment of these great games are the main focus.

If you agree that teaching all players to love being active and being part of a team is the best way to develop players at this age, please complete all of the following forms. This information will let us know more about you as a potential coach and enable us to form teams that best meet the needs of both players and coaches. Please complete and return the Questionnaire and Background Check forms to the Recreation Center.

Wrecking Crew workouts or practices will start as soon as weather allows and games start typically in May. Coach Pitch Teams will start practices in Early May. If you are selected to be a Coach you will be notified of the coaches meeting where you will receive equipment, team rosters and game schedules for the upcoming season.

If you have any additional questions please contact Brock Goos at the Cedar Falls Recreation Center 319-273-8636 or [goosb@cedarfalls.com](mailto:goosb@cedarfalls.com)

Thank you for your interest,  
Brock Goos  
Sports Program Supervisor

Baseball or Softball Volunteer Coaches Questionnaire

Name \_\_\_\_\_

Phone # Day \_\_\_\_\_ Hm \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Circle appropriate    Baseball Club Grade Level    3<sup>rd</sup> & 4<sup>th</sup>    5<sup>th</sup> & 6<sup>th</sup>

1<sup>st</sup> & 2<sup>nd</sup> Grade Coach Pitch    Baseball    Softball

Do you have a child in this school and age group? (name) \_\_\_\_\_

School Your child attends \_\_\_\_\_

Do you have any Coaching or other related experience? \_\_\_\_\_

\_\_\_\_\_

Do you have any conflicts that practices and/or games would need to be scheduled around?

\_\_\_\_\_ If so please specify \_\_\_\_\_

\_\_\_\_\_

Are you First Aid and/or CPR Certified? \_\_\_\_\_

**If you and another wish to coach together, you must use your child's one buddy form request to get your children on the same team.**

If you would like more info please call Brock Goos at the  
Cedar Falls Recreation Center 273-8636.

**DISCLOSURE TO  
EMPLOYMENT APPLICANT OR VOLUNTEER  
REGARDING BACKGROUND INVESTIGATIONS**

**In connection with your application for employment or volunteer service, please be advised we will conduct a reference check. We will check criminal history and also complete a driving record check for positions that involve, or have the potential to involve, driving City vehicles. Other information will be obtained by contacting your previous employers and/or references.**

By signing below, I authorize investigation of all statements contained within my application materials for employment as may be necessary in arriving at an employment decision. I further authorize investigation of my driving record and criminal history.

If employed, I understand that false or misleading information given in my application materials or interview(s) may result in immediate discharge.

Signature \_\_\_\_\_

Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please PRINT the following information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position Being Considered For \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_