



Fax # 704-630-0737
 email: baseballoperations@cooperstowndreamspark.com

2023 Coach Resume

Team Name: _____ Team Number: _____

Date Attending Cooperstown Dreams Park: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Business Phone: _____

Date of Birth (mm/dd/yy): ____/____/____ Social Security Number: ____-____-____
 (Must be 18 years of age or older – under 18 cannot be placed in a supervisory position)

Occupation: _____ Employer: _____

Address: _____

Community Affiliations (church, clubs, service organizations, etc.): _____

Previous Youth Experiences (coaching, teaching, youth organizations, scouting, etc.): _____

Special Certifications (CPR, Medical, etc.): _____

Have you ever been convicted of a felony or do you presently have a criminal action pending against you?

YES NO If yes, describe each in full: _____

Please list three (3) references and their daytime phone numbers, all references must have knowledge of your participation as a coach/teacher in youth programs (No immediate family members/relatives can be provided): (please print legibly)

Name/Relationship	Daytime Phone Number
1. _____ / _____	_____
2. _____ / _____	_____
3. _____ / _____	_____

As a condition of being a coach at Cooperstown Dreams Park, I give Cooperstown Dreams Park, Inc. permission to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if accepted, my status is conditional upon Cooperstown Dreams Park receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Cooperstown Dreams Park, the officers, representatives or any other person or organization that may provide such information. I understand that I am subject to suspension and/or removal by Cooperstown Dreams Park for violation of Cooperstown Dreams Park requirements, rules or policies.

I, _____ (print name) do certify under penalty of perjury that the above information is complete and accurate.

Coach Signature: _____ Date: _____

IF ADDITIONAL SPACE IS NEEDED TO ANSWER QUESTIONS PLEASE USE THE BACK OF THIS FORM.

For Cooperstown Dreams Park Use Only: Resume Check completed by: _____ Director Signature: _____ Date: _____
--