



CITY OF CLEVELAND HEIGHTS PARKS & RECREATION 2021 Heights Youth Baseball League

COACHES' QUESTIONNAIRE

We greatly appreciate your interest in coaching in our Heights Youth Baseball League and we ask that you respond to the following questions, so that we may best accommodate your schedule and needs. **Please return it to us ASAP.**

NAME (Print) _____

ADDRESS _____

City _____ Zip _____

PHONE (HOME) _____ (CELL) _____ EMAIL _____
(Area Code) (Area Code)

- League Preferred:
- Ages 9 & 10 (Kid-Pitch)
 - Ages 11 & 12 Travel Team (Quad City Majors League)
 - Ages 13 & 14 Travel Team (Lyndhurst Dads Club Pony League)

Practice Night(s) Preferred (In order of preference) _____

Names, addresses, and phone numbers of other prospective coaches: _____

Names, addresses, and phone numbers of interested players: _____

Comments and Suggestions: _____

Thanks again for volunteering to coach in our Heights Youth Baseball Leagues. We will be in contact with you as the league events approach, but please do not hesitate to call if you have any questions or suggestions. Mike Discenzo, Programs Supervisor, 216-691-7383 or mdiscenzo@clvhts.com

Mail to: City of Cleveland Heights Parks and Recreation, Attn: Mike Discenzo
40 Severance Circle
Cleveland Heights, OH 44118



3282

Cleveland Heights Parks & Recreation

National Background Screening Consent Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

_____ Date: _____

Signature: _____

SSCI - America's #1 Choice in Background Screening for Parks and Recreation

Phone: 1-866-996-7412 Website: www.ssci2000.com