



Please forward completed application to albernibaseball@gmail.com

(Deadline for applications is April 4, 2023)

COACHING APPLICATION FORM

NAME _____ HOME _____

E-MAIL _____ CELL _____

Requested Division(s) to Coach _____

If possible I would like to coach with _____

Interested in Coaching Summer Ball Yes _____ No _____ Have coached summer ball before _____

Note: In order to Coach Summer Ball, coaches must meet certain minimum NCCP certification levels as prescribed by BC Minor Baseball.

National Coaching Passport# _____

Please indicate below Coaching levels that have been completed to date.

Fundamentals	Trained	
11U	Trained	
13U	Trained	Certified
15U	Trained	Certified
16U+	Trained	Certified

Coaching Experience:

My coaching and personal playing experience is as follows: (use back of sheet if more space is needed)

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General Information

1. All coaches for Alberni Junior Baseball are required to undergo a Criminal Records Check every year.
2. Learn and respect the rules of the game.
3. Although not mandatory at this time, coaches are encouraged to have a minimum of Initiation Trained Coaching status.
4. Coaches are responsible to have jersey tops returned at the end of the season.
5. All equipment bags must be cleaned and returned to the Equipment Manager at the end of the season.
6. During pre-season, several practices a week are desirable. As the season progresses practice sessions may vary in duration and frequency. Depending on the needs of the team a practice will generally have some of the following elements to it:
 - Discussion
 - Warmup
 - Skill demonstration and skill practice
 - Feedback and encouragement for each player.

ALBERNI JUNIOR BASEBALL --- COACHES CODE OF CONDUCT

Coaches play a critical role in the personal and athletic development of their players. As a coach you must recognize that you are a conduit through which the values and goals of the Alberni Junior Baseball Association are channeled. Coaches are responsible for both their behavior and that of their players. This Code of Conduct has been developed to aid coaches in achieving a level of conduct that will allow them to be positive role models.

As a coach with Alberni Junior Baseball Association, I agree to:

1. Abide by all policies, rules, and Codes of Conduct imposed by AJBA and its governing bodies.
2. Be consistent in my manner and accept responsibility for my actions by displaying high standards, exercising control, respect, dignity and professionalism as an ambassador of Alberni Junior Baseball and Port Alberni.
3. Play fair, be aware of the competitive aspect, promote fun and maintain player development as the main goal.
4. Develop team respect for the ability of opponents as well as for the judgment of umpires and opposing coaches. Encourage humility in victory and grace in defeat.
5. To not use profanity, obscene gestures, offensive remarks, taunting, or other actions that demean any individual.
6. Not condone the bullying or harassment of any team member. Also, I will commit to take the appropriate action to resolve any instances of such behavior in a fair, consistent, and timely manner.
7. Do my best to provide a safe and secure facility.
8. Be fair and just and not criticize players publicly, and to treat each player with respect and as an individual.
9. To abstain from drinking alcoholic beverages, tobacco and tobacco products, using cannabis/cannabis products, vaping or any other illegal substance, while in the presence of players or within the parameters of the baseball fields or other association fields we visit.
10. If I observe any violations of this Code of Conduct by other coaches or those to be followed by either parents or players, I will abide by and adhere to the AJBA Conflict Resolution Policy in dealing with the matter of concern, if necessary.

Please note that it is important that you have read and understand this AJBA Code of Conduct as described above as well as the attached BC Minor Code of Conduct. Any failure on your behalf to comply with the above may result in suspension or permanent removal from all AJBA sponsored activities and negation of your coaching privileges. Please sign below to indicate that you have read, acknowledged, and accept the Coaches Code of Conduct.

Signature _____

Date _____

Rule 13 Manager, Coach, Player, and Parent – Code of Conduct

13.01 B.C. Minor Baseball Code of Conduct

B.C. Minor Baseball is committed to providing an environment in which all individuals are treated with respect. Furthermore, B.C. Minor Baseball supports equal opportunity and prohibits discriminatory practices. Members are expected to conduct themselves at all times in a manner consistent with the values of B.C. Baseball. Members may be subject to sanctions according to B.C. Minor Baseball Discipline Policy for engaging in any of the following behavior:

- (A) not complying with the rules, regulations or policies of B.C. Minor Baseball, as adopted and amended from time to time;
- (B) deliberately disregarding the Rules of Baseball as amended from time to time;
- (C) verbally or physically abusing an opponent, officials, umpires, spectators, or sponsors;
- (D) showing disrespect to officials, including the use of foul language and obscene or offensive gestures;
- (E) abusing playing equipment or playing area;
- (F) failing to comply with the conditions of entry of an event including any rules with regard to eligibility or advertising;
- (G) using tobacco products on-field at any B.C. Minor Baseball sanctioned competition;
- (H) any other unreasonable conduct which brings the game into disrepute, including but not limited to, abusive use of alcohol, non-medical use of drugs, use of alcohol by minors.

The B.C.M.B.A. Code of Conduct shall govern all disciplinary matters to the extent that it conflicts with or augments the Code of Conduct of any Association

Note: This code of conduct applies to all sanctioned baseball activities including but not limited to practices, players/coaches watching games as a spectator, and off-field conduct during team play.

Port Alberni RCMP Detachment

Police Information Check

Port Alberni RCMP Use Only	
Log:	
Receipt:	
Received at:	

Your results must be picked up in person from the RCMP detachment within 90 days, after this date your results will be destroyed.

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:
 Any applicable fee (see website for costs and payment options).
 One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.
 If you are unable to provide proper identification the police agency cannot complete your check.
Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include: overseas or US records, traffic tickets, or municipal bylaw offences.

The results of this check will not be forwarded to a third party (with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes, aliases and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

*Check Completed (office use only)

STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) Employment Other (specify below)

Employer/Volunteer Agency Name: _____

Employer Contact Name: _____

Employer/Volunteer Address and Phone Number: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(If you will be in authority over children, seniors or disabled persons then please complete the Vulnerable Sector Search Consent FORM 1 on page 2)

APPLICANT NAME -- PLEASE COMPLETE

APPLICANT DATE OF BIRTH -- PLEASE COMPLETE

VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the **paid or volunteer position** (what you will be doing): _____

Provide details regarding the children or vulnerable person(s) (what ages, type of client(s) you will be in authority over): _____

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant

Date Signed

DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- Please list below all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- Do Not disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- Do Not disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction

Nature of Offence

Location/Jurisdiction

Date of Conviction	Nature of Offence	Location/Jurisdiction

Signature of Applicant

Date signed

APPLICANT NAME -- PLEASE COMPLETE

APPLICANT DATE OF BIRTH -- PLEASE COMPLETE

SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the PORT ALBERNI RCMP DETACHMENT and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of Port Alberni, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

*******FOR OFFICE USE ONLY*******

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
CPIC				
PRIME				
PIP/LEIP				
JUSTIN				
VS - FP REQ.				

NOTES (office use only):



**Alberni
Junior
Baseball**

Box 443
Port Alberni, BC
V9Y 7M9

**DEVELOPMENT
SPORTSMANSHIP
SKILLS**

7 - 8 yrs
TADPOLE

9 - 10 yrs
MOSQUITO

11 - 12 yrs
PEE WEE

13 - 14 yrs
BANTAM

15 - 17 yrs
MIDGET

Ages Based on
January 1st Birthdate

February 1, 2023

RE: 2023 ALBERNI JUNIOR BASEBALL

TO WHOM IT MAY CONCERN:

Please consider this memo as confirmation that
is a coach volunteer with the Alberni Junior Baseball Association, working with vulnerable
youth ages 6 to 18 years, male or female, in a practice or game setting. This coach may on
occasion be working on his own or with other adult coaches present thus requiring an approved
Criminal Records check.

Sincerely,

Vicky Seredick, President

ALBERNI JUNIOR BASEBALL ASSOCIATION

Vseredick5@gmail.com

250 731 6126