



Volunteer Coach/Advisor Agreement

Volunteer's Name: _____

Address: _____

Telephone: _____ Cellphone: _____

School: _____ Sport/Activity: _____

The Volunteer Coach/Advisor shall provide services pursuant to this Agreement for a term beginning on _____ and ending on _____

We appreciate your desire to become a part of the Neenah Joint School District by volunteering to spend valuable time coaching/advising our students/athletes. Volunteers shall be expected to abide by all Neenah Joint School District policies, rules, and regulations as follows:

1. I agree that the Head Coach/Activity Director or appropriate administrator will control, supervise, and determine the responsibilities of any/all volunteer assignments. No volunteer will participate in any Neenah Joint School District programs or activities without prior approval from the Activities Director and Principal.
2. As a volunteer, I will not receive any salary, stipend, or remuneration of any kind from the school, the school district, or a coach/advisor for performing duties as assigned by the Head Coach or appropriate administrator.
3. I will be covered by Neenah Joint School District liability insurance.
4. I will not be eligible for or request any benefit for my services (examples include but are not limited to workman's compensation, health, dental).
5. I will familiarize myself with and adhere to all policies and expectations applicable to my particular volunteer assignment, with the understanding that there may be additional guidelines or expectations involving volunteer coaches/advisors depending on the particular sport or activity.
6. I will attend all inservice meetings designed to enhance student relationship skills as deemed necessary by the administration, including any required First Aid/CPR training.
7. I give the Neenah Joint School District permission to complete any/all mandated criminal background checks. I understand that the results will not be used for any purpose other than assessing my suitability for the volunteer assignment for which I have applied.
8. Information that I may learn about other children or their families in my role as a volunteer must be kept confidential. If I have concerns about anything that occurs during the time I am serving as a volunteer, I will bring them to the attention of the appropriate administrator or the person supervising the activity.
9. In the event that any injury or accident occurs during the performance of my duties as a volunteer, I shall indemnify and hold harmless the District, its agents and employees from and against any damages, claims, and expenses arising out of or resulting from any work or activity conducted by the volunteer and its agents or employees.

I have read and understand the statements above and agree to all terms and conditions therein. I understand that I may be terminated from my assignment by the Activities Director or Principal at any time.

Signed: _____ Date: _____
(Volunteer Coach/Advisor)

Approved: _____ Date: _____
(Head Coach or Supervisor)

Approved: _____ Date: _____
(Activities Director or District Administrator)