

**VOLUNTEER COACH APPLICATION AND CONTRACT**

**Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Previous Experience in Sport:** \_\_\_\_\_

**At what schools have you previously served as a volunteer?**

**As a volunteer coach I understand and meet the following requirements and conditions:**

1. I am at least 21 years old and a high school graduate.
2. I have submitted the documentation showing completion of Criminal History Record Checks from both the state and FBI (Criminal Justice Information System Control – CJIS), through the MCPS Office of Human Resources.
3. I must be under the direct supervision of the stipend coach at all times, including practices, contests, buses, and locker rooms.
4. I must complete the MCPS New Coaches’ Seminar prior to the start of my first season.
5. I will have completed or will enroll in PE-22 Care and Prevention of Athletic Injuries within my first year of hire.
6. I understand that each team is limited to two volunteer coaches.
7. I have not coached players from this team or program in any league, camp, or clinic within the past year, except as provided by MCPS and MPSSAA regulations.
8. I may not be paid by the school, individuals, or organizations.
9. I understand that, except in extraordinary circumstances, parents or siblings of current team members shall not be used as volunteers.
10. I have met all MCPS and MPSSAA requirements and am responsible for knowing all MCPS and MPSSAA regulations and procedures.
11. I am appointed on a one-season basis and must be reappointed each season through the completion of the MCPS approval process for volunteer coaches. The principal or athletic director may terminate my position at any time.
12. I understand that the minimum penalty against a team for violation of volunteer coach regulations is one year without volunteer coaches. Depending on the degree of the infraction, other penalties may be assessed.
13. I will alert the athletic director and principal if a development were to occur that changes my status under the above required conditions.

\_\_\_\_\_  
 Volunteer’s signature (certifying all criteria have been met)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Athletic Director’s signature (certifying all criteria have been met)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervising coach’s signature (certifying an understanding of the volunteer coach requirement and conditions)    Date

\_\_\_\_\_

\_\_\_\_\_  
 Principal’s Signature

\_\_\_\_\_  
 Date