

FRUITPORT COMMUNITY SCHOOLS
VOLUNTEER COACHING REGISTRATION

1. "Volunteer" --- a person from the community who contributes his/her services on a regular basis.
2. Volunteer coaches are assigned to help the regular coaches provide better instructional service to students.
3. Volunteer coaches are **not** assigned to relieve head coaches of their responsibilities, not to change the over-all pupil-teacher ratio.
4. Volunteers shall work only under direct supervision of the designated head or assistant coach.
5. Volunteers must abide by and enforce all MHSAA, school, team, and program regulations and decisions.
6. Volunteers are **not** to make personnel decisions (Suspensions, disciplinary work, cuts, etc.) but may advise the head coach in these matters.
7. Volunteers are **not** to deal directly with parent concerns, and should refer all contacts by parents to the head coach or coordinator in charge.
8. **The Athletic Director or program coordinator must approve volunteer coaches before starting work.**
9. Volunteers are not to receive remuneration for their services. The experience may become part of their resume' and we will gladly provide references.
10. Volunteers are **not** covered by Fruitport School District liability or workman's compensation.
11. Volunteers are **not** to treat injuries (except emergency first aid) or prescribe rehabilitation programs.
12. A volunteer is personally responsible for his/her actions. Inappropriate conduct may result in the individual's being asked to discontinue his/her relationship with the program.

I am requesting to volunteer coach in the _____ program for the _____ School year _____ gender/level/sport

Have you ever been convicted of a crime or are there any felony charges against you?
____ yes ____ no

NAME _____

ADDRESS _____

HOME PHONE _____ work _____ cell _____

OCCUPATION/EMPLOYER _____

EDUCATION: High School _____

College _____

Teaching Certificate _____ CAP Certificate _____

SPORTS EXPERIENCE _____

I authorize Fruitport Community Schools to conduct a criminal records check in connection with my volunteer services; and hereby consent to the release of such records.

SIGNATURE _____ DATE _____

APPROVED BY _____, Director of Athletics