Volunteer Coach Application

Name: ____________________ Club: ____________________

Phone Number: ____________________
Cell: ____________________ Other: ____________________

Email Address: ____________________

How many years you have coached and what activities? ____________________

List the number of years you have competed in this activity and at what level.

List the number of years you have coached this activity.

Number of hours available to coach each week: ____________________

First Aid card: Yes/ No If yes, date of expiration: ____________________

The responsibilities and duties of the coach include:
➢ Follow CWU Collegiate Sport Club policies and communicate any issues to the coordinator
➢ Conducting yourself in an ethical and professional manner
➢ Help ensure risk management procedures are followed when practicing, traveling and competing
➢ Promoting and ensuring good sportsmanship at all times
➢ Developing and improving skills and strategies needed to participate
➢ Meet with the coordinator at least once each academic year
➢ Complete all necessary paperwork including the monthly time sheet which is required for CWU volunteers

Signature of Coach ____________________ Date ____________________

Signature of Club President ____________________ Date ____________________

Signature of Sport Club Coordinator ____________________ Date ____________________

As of 11/25/2013
Coach’s Role & Responsibilities

1. The coach must be aware of and follow all University and department procedures relative to the Sport Club program. The Sport Club handbook is available at http://www.cwu.edu/sport-clubs/handbook-forms
2. The selection of a coach/instructor must be approved by a majority of the club’s members and is subject to the approval of the Sport Club Coordinator.
3. The coach should restrict his/her contributions to coaching and should only serve in an advisory capacity in matters dealing with the club’s management.
4. Participation in the Sport Club Program is completely voluntary, therefore monetary rewards or scholarships shall not be promised or given to any player, coach or prospective player.
5. Coaches will not collect money from club members or handle club funds at any time. The coach’s role is strictly for instruction/advising and not administrative purposes. Coaches will not be reimbursed or expect reimbursement for any of the expenses they incur by performing their duty as a volunteer coach. Coaches are not allowed to purchase equipment for the club. Any equipment purchased by the coach will remain in the possession of the coach and will not be reimbursed.
6. Coaches must help ensure good sportsmanship at all times.
7. Coaches will refrain from making decisions about the club without the input from the club and the advice of the club members. This includes any correspondence with leagues, other universities, and other departments at the university. If the coach is aware of any decisions that are made without the consent of the Sport Club Office, this information must be brought to our attention immediately. To ensure effective communication, the coordinator should be consulted prior to making any decisions for the club (i.e. league participation, travel requirements, facility rental, payments of any kind).
8. The Sport Club Staff has the right and obligation to protect the club, and if, in the staff’s opinion, the coach is not working in the best interests of the club, the coach will be relieved of his/her coaching duties.
9. Coaches must be recommended by club members and must renew their coach’s information form each academic year. Continuation of coaching duties is not automatic.
10. It is recommended that all coaches purchase medical insurance.
11. The coach/instructor is not an employee or representative of CWU or of University Recreation and may not represent themselves as such.
12. Coaches must demonstrate a level of expertise in their sport.
13. Coaching is an obligation to instruct, condition and motivate participants.
14. Prior to the beginning of each year it is important to identify expectations the club has for the coach and the expectations the coach has for the club. This will be a topic of conversation in the meeting with the coordinator.
15. Each year the coach must meet with the Collegiate Sport Club Coordinator.
16. All volunteers of CWU are required to complete a volunteer application and a monthly timesheet.

The information provided is correct to the best of my knowledge. I understand that providing false or misleading information may result in my immediate termination as a coach and disciplinary action by the University. I further understand that, if approved, I will be coaching on a volunteer basis at the discretion of the University and may perform duties only within the scope of my volunteer position. I have read and understand the “Coach’s Role and Responsibilities” and agree to abide by the rules as listed. I understand that any infraction of the policies and procedures subjects me to dismissal as coach of the club. I hereby release Central Washington University, its Board of Regents, its employees and agents from any and all liability based on my participation as a volunteer coach.

Signed: ____________________________ Date: ____________________________

Sport Club Coordinator Approval: ____________________________ Date: ____________________________

As of 11/25/2013
VOLUNTEER APPLICATION

The Industrial Insurance code of the State of Washington (RCW 51.12.035) requires that all volunteers performing services for any state agency (Central Washington University) shall be deemed employees and/or workers for all purposes relating to medical aid benefits under the law (Chapter 51.36 RCW).

SECTION 1 - VOLUNTEER INFORMATION

Volunteer Name (Last, First, Middle): ________________________________ ID#: __________________
Mailing Address: ___________________________________________ Phone: __________________
Emergency Contact: __________________________________________ Phone: __________________

Volunteer Signature: __________________________________________ Date: __________________

SECTION 2 - DEPARTMENT INFORMATION

Department: __________________________________________ Mail Stop: __________________
Bldg/Rm#: __________________________________________ Phone: __________________
Contact Name: ____________________________ Project ID: __________________
Begin Date of Service: __________________________ End Date of Service: __________________
Description of Duties: __________________________________________

I have reviewed this application; approving this form certifies that the above information is true and accurate. I certify that this volunteer is not being paid, reimbursed or compensated in any way by CWU for service or time.

Authorized Signature: ____________________________ Date: __________________

Dean/Director Signature: ____________________________ Date: __________________

Upon completion of this Application, send to Payroll; MS-7479

Volunteer hours must be submitted to Payroll at the end of each fiscal quarter.