

Volunteer Coach Recommendation

HAYWOOD COUNTY SCHOOLS

School: _____ **School Year:** 20____ to 20____

The school has identified a specific need to have volunteer coaching assistance for _____

SPORT/SEASON

Check all of the following that apply: **Boys** **Girls** **Varsity** **JV** **Head** **Assistant**

As the principal I approve _____ to serve as a non-compensated volunteer coach.
(Print Volunteer Coach's Name)

The Volunteer Coach understands that a criminal background check is required.

The Volunteer Coach understands services can only be rendered with approval from the principal and approval by the Haywood County Schools Board of Education.

The Volunteer Coach understands that he or she is not employed by Haywood County Schools.

The Volunteer Coach understands that his or her approval to serve as a volunteer at the school may be denied at any time without prior notice.

I understand this is an unpaid position and I will not receive payment for services.

Superintendent (Designee)

Volunteer Coach PRINT Clearly Please

Principal

Volunteer Coach Signature

Date

Volunteer Coach Last 4 of Social Security #

**Complete Coaching Experience Verification
Form and Background Release**