**REGULATION**

**Subject: Unpaid Assistant Coaches (Volunteer Coaches)**

# Definition

 A volunteer coach is defined as a non-paid person who is approved for the season to assist paid District staff appointed to serve as coaches for one of the various levels of District athletic competition (modified, freshmen, junior varsity, and varsity). A volunteer is a person who offers to provide assistance or service of his/her own free will without legal obligation.

# General Guidelines

General administration of the volunteer coaching program shall be the responsibility of the Superintendent or his/her designee with the Athletic Director assuming general authority over the program. The need for volunteer coaches will be determined seasonally by the Athletic Director after consultation with the current coaching staff for the team in question.

REQUIRED DOCUMENTATION:Volunteer coaching applicants must provide the Athletic Director with a signed completed application (see attached), three references of nonfamily members, documentation of clearance from the Commissioner of Education for the criminal background check (finger-printing clearance), provide a written statement that discloses any prior criminal convictions (other than minor traffic infractions) and documentation that he/she meets the requirements of state coaching regulations. There are three (3) possible categories of additional requirements for volunteer coaches:

1. CERTIFIED PHYSICAL EDUCATION TEACHERS: Must hold a valid NYS physical education teaching certificate, a valid first aid certificate, a valid CPR/AED certificate and up to date concussion management certificate.

1. OTHER CERTIFIED TEACHERS: Coaching a secondary school athletic team is considered teaching physical education by the state education department. However a person who holds a valid NYS teaching certificate in an area other than physical education may also be approved as a volunteer coach. The person must possess a

valid first aid certificate, CPR/ AED certificate, Concussion management certificate and DASA Certificate.

Additionally the certified teacher must: a) complete an approved course Philosophy, Principles, and

Organization of Athletics in Education within two years from the date of initial appointment as a district coach;

b) completes a course on Health Science Applied to Coaching within 5 years of appointment as a District coach; and c) also, within that same five years, completes a course on Theories & Techniques of Coaching the sport or sports for which he/she is applying.

1. NON-TEACHER COACHES:

* + Temporary Coaching License (TCL): A person who does not hold a current New York State teaching certificate may be approved as a District volunteer coach - provided they have obtained a temporary coaching license from BOCES and have met all requirements of section 135.4(c)(7)(i)(c) and Section 135.5.
	+ Professional Coaching License (PCL): A person who has completed all of the required coaching courses, child abuse and violence abuse workshops, maintains fingerprint clearance, has valid first aid, CPR/AED, concussion management and DASA certification, and has held a minimum of three temporary coaching licenses for a sport per CR135.4(c)(7)(4)(A) may apply for a three year renewable professional coaching license and be considered for District volunteer coaching positions.

REVIEW OF CREDENTIALS: Prior to granting seasonal approval for a volunteer coaching, the Athletic Director will review the above required documentation and will check the references for any volunteer coach submitting an initial application. Further, the Athletic Director will confirm the willingness of the paid District Coach (for that sport/level) to oversee the volunteer coach, prior to granting / denying approval.

RECORD RETENTION: The Athletic Director (AD office) will maintain the application and related documentation for all volunteer coaching applicants for a period of no less than three years following the end of a volunteer coach’s service.

The Athletic Director will forward a listing of all approved volunteer coaches to the Superintendent (or designee) prior to the beginning of team practice.

The Athletic Director will meet with all approved volunteer coaches prior to the beginning of team practice review the limitations of volunteer activities and to provide a brief in-service / orientation.

# Insurance

The District does not carry health/accident insurance or Workman’s Compensation Insurance for volunteer coaches. The actions (or omissions) of approved volunteer coaches, acting within their scope of authority is covered by the liability section of the school district umbrella policy.

# Limitations of Volunteer Activities

Volunteer coaches may not provide transportation to students. All student transportation not provided by the student, student’s parent, or guardian is to be provided by the District as approved by the athletic office.

Volunteer coaches may not discipline students.

Volunteer coaches may not supervise a practice or coach, unless an appointed District paid coach is present.

Volunteer coaches are not to discuss student performance with parents or guardians without the specific approval of the appointed District paid coach.

Volunteer coaches are subject to all expectations of performance and professional conduct applicable to paid school personnel (see policy 6000 series).

**ORCHARD PARK CENTRAL SCHOOL DISTRICT**

**APPLICATION FOR VOLUNTEER COACHING**

Application date: \_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c) Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of any criminal offences? \_\_\_ NO \_\_\_ YES - if YES please explain on attached sheet

Have you ever been released from employment or resigned to avoid termination? \_\_\_ NO \_\_\_ YES - if YES please explain on attached sheet. Provide employer’s name, contact, phone number, and description of incident.

Previous employers (current and previous)

1. - Current Employer Name / Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Name and Employment Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. - Previous Employer Name / Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Name and Employment Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Three references (non-family members) – Name, Phone Number, and Relationship:

1. – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name / address / phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required supporting documentation. Please check that the following required information has been provided:

 Valid first aid, CPR/AED, concussion management awareness certification and DASA.

Valid NYS physical education teacher certificate or documentation of successful completion of the Philosophy, Principles, and Organization of Athletics in Education, and if volunteering to coach a strenuous sport they must complete Health Science Applied to Coaching and Theories & Techniques of

Coaching within three years of their employment as a volunteer coach, and successful completion of

Child Abuse and Identification Training and S.A.V.E. Legislation Training

Fingerprinting clearance

OPCSD Policy sign off

## \*\*\*\*\* OFFICE USE ONLY \*\*\*\*

 Approved Not Approved

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athletic Director \_\_\_\_\_\_\_\_\_\_ date

*Revised 10/12*