

# Club Sport Volunteer Coaching Form

Club Sport: \_\_\_\_\_

Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name(first and last): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

## EXPERIENCE AND CERTIFICATIONS

- CPR Certified Expires: \_\_\_\_\_  
 First-Aid Certified Expires: \_\_\_\_\_

Other Certifications	Date Certified	Expiration

## COACHING EXPERIENCE

Sport	Location/Organization	Dates

## EXPERIENCE WITH THIS SPECIFIC SPORT

## I AGREE TO:

- Complete the Club Sport Volunteer Coaching Form
- Complete the Human Resources Department Sexual Harassment Training
- Pass a background check
- Attend/oversee club practices
- Attend/oversee club competitions
- Travel with the club for any off-campus practices and competitions
- Check the safety and usability of equipment and facilities
- Abide by, and enforce, College of Idaho policies

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date