

Dubuque Community School District  
2300 Chaney Road  
Dubuque, Iowa 52001-3095

## Agreement for Volunteer Coach

Volunteer Coach Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Sport: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

***Volunteer Coach:*** *I have completed the necessary steps as outlined in the Coaches Handbook and I understand the responsibilities connected to the assignment.*

\_\_\_\_\_  
Volunteer Coach Signature

\_\_\_\_\_  
Date

***Activities Director:*** *I have interviewed and approve of the above volunteer coaching assignment.*

\_\_\_\_\_  
Activities Director Signature

\_\_\_\_\_  
Date

***Principal:*** *I approve of the above volunteer coaching assignment.*

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

***Note:*** *Send a copy of this signed agreement to the Director of Activities and Athletics*

Last Update: 7/29/2021