

**Restricted Athletics Coaches or Activities Sponsors**

The undersigned is employed to serve as a Restricted Coach or Sponsor during the below listed school year, school and sport/activity in Jefferson County Public School District, Golden, Colorado.

The Restricted Coach/Sponsor shall abide by all Rules and Regulations of the Jefferson County Board of Education, the Rules and Regulations of the Colorado High School Activities Association, the Jefferson County Athletic League Board of Control and the laws of the State of Colorado.

Restricted Coaches/Sponsors are covered in the same manner as other District employees in areas of liability.

**Guidelines for Restricted Coaches/Sponsors:**

- Endorsement by the Athletics Director for the school by his/her signature below
- Must complete all paperwork with Human Resources **prior to first practice** Including Coaching/Sponsor Testimonial, CDE Clearance Check, Fingerprinting by local law enforcement, 1 - 9 , PERA Form, Application Oath & Employment Application.
- The Athletic/Activities Director, with input from the head coach/sponsor will evaluate the Restricted Coach/Sponsor's effectiveness and if performance is unsatisfactory, the Athletic/Activities Director will make final decision concerning dismissal if necessary
- CPR/AED/1<sup>st</sup> Aid Certification is required
- **The Restricted Coach/Sponsor will not be required to obtain a CHSAA certificate, however, a Restricted Coach/Sponsor must, at all times while working with students and/or at the school, be under the direct supervision of another coach/sponsor for that sport/activity with a current CHSAA or Colorado Teaching certificate.**

The signatures of the coach/sponsor and Athletic/Activities Director below indicate that this agreement has been read and understood by all parties.

Coach/Sponsor \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name & Sign  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
SS# \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_  
Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F  
Sport/Activity \_\_\_\_\_ School \_\_\_\_\_  
Season Dates - starts \_\_\_\_\_ / ends \_\_\_\_\_ School Year \_\_\_\_\_

**Ethnicity & Race: You must answer both questions below.**

***Do you consider yourself to be of Hispanic/Latino origin (choose one)?***

- \_\_\_ No, Not Hispanic/Latino
- \_\_\_ Yes, Hispanic/Latino

***Which of the following groups describe your race (choose one or more)?***

- \_\_\_ American Indian or Alaska Native
- \_\_\_ Asian
- \_\_\_ Black or African American
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ White

Athletic/Activity Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Volunteer Service Agreement  
Restricted / Non-Restricted Volunteer Athletic Coaches / Activities  
Sponsors/PTA/PTO/Booster/Other Volunteers**

The undersigned is to serve as a Restricted / Non-Restricted Volunteer Coach/Activities Sponsor during the below listed school year, school sport or activity in Jefferson County Public School District, Golden, Colorado.

The Restricted/Non-Restricted Volunteer Coach/Sponsor shall abide by all Policies, Rules and Regulations of the Jefferson County Board of Education, and the laws of the State of Colorado. District Athletics and Activities volunteers shall also follow applicable Rules and Regulations set forth by the Colorado High School Activities Association and the Jefferson County Athletic League Board of Control.

By signing this agreement the Restricted/Non-Restricted Volunteer Coach/Sponsor acknowledges that he/she **will receive no payment**, or any consideration whatsoever, from the District or school for his/her services; and he/she understands and agrees that **he/she is not a District employee** and not entitled to worker's compensation coverage. Restricted/Non-Restricted Volunteer Coaches/Sponsors are covered in the same manner as other District employees in areas of liability while functioning under District direction in the course and scope of their assigned volunteer duties.

**Conditions for Volunteer Restricted/Non-Restricted Coaches/Activities Sponsors:**

- **Endorsement by the Athletics Director for the school by his/her signature below.**
- **The Background Screening – Authorization Form must be completed, processed and approved before any volunteer services commence.**
- **The volunteer may be dealing with confidential student information and agrees to the complete confidentiality of such information.**
- **This Volunteer Service Agreement can be terminated and the volunteer dismissed without cause or notice by either the school district or volunteer.**
- **The Volunteer Restricted Coach/Sponsor will not be required to obtain a CHSAA certificate, however a volunteer restricted Coach/Sponsor must, at all times while working with students and or at the school, be under the direct supervision of another coach/sponsor for that sport/activity who holds a current CHSAA or Colorado Teaching certificate.**
- **The Volunteer Non-Restricted Coach/Sponsor must have a current CHSAA or Colorado Teaching certificate and will not be required to be under the supervision of another coach/sponsor for that sport/activity.**
- **Workers Compensation Insurance will not be provided for Volunteers.**

**Volunteer Athletic Coach Name:** \_\_\_\_\_

**All Volunteer Applicants - Colorado Revised Statute, CRS 22-23-109.7, requires that the District ask the following questions:**

1. Have you ever been convicted of, pled nolo contendere (*no contest*) to, or received a deferred sentence or deferred prosecution for a felony, a misdemeanor crime involving unlawful sexual behavior, or unlawful behavior involving children?  
 YES    NO
2. Have you ever been convicted of any other misdemeanor, other than a misdemeanor traffic offense or traffic infraction? A criminal offense other than minor traffic offenses? (*Conviction will not automatically disqualify you.*)  
 YES    NO

**If your answer is yes to either of the above questions, please provide the details, including a description of the felony or misdemeanor charge, the date of the disposition of the charge, and the court involved below:**

**The signatures of the volunteer and Athletic/Activity Director indicates that this conditional agreement and the Volunteer Program Guide has been read and understood by both parties.**

**Volunteer Coach Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_M \_\_\_F

**Sport/Activity:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Season Dates - starts** \_\_\_\_\_ **ends** \_\_\_\_\_ **School Year** \_\_\_\_\_

**Please select one:**

\_\_\_\_\_ Volunteer Restricted Coach OR

\_\_\_\_\_ Volunteer Non-Restricted Coach (if non-restricted, please attached copy of teaching license or CHSAA cert)

<b>Ethnicity &amp; Race: You must answer both questions below:</b>	
<b>Do you consider yourself to be of Hispanic/Latino origin (choose one)?</b>	<b>Which of the following groups describe your race (choose one or more)?</b>
_____ No, Not Hispanic/Latino _____ Yes, Hispanic/Latino	_____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White

**Principal/AP, Athletic/Activity Dir, Overseeing Employee Signature:**

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

**Volunteer Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_