

Appointment MOU for Voluntary Work – Club Coach

M	ASON
UNIV	ERSITY Club Name:
MEMC	RANDUM
Name	Email:
Addre	ss: Phone:
Subj:	Ryan Bradshaw Voluntary Work for George Mason University Aug 5/15
of this	Thank you for volunteering to work in George Mason University's Recreation Department. The purpose memorandum is to explain certain procedures and the scope of your work.
will be	You have agreed to work varying hours, based on the Club's practice and game schedule, from August to May 15/16, as agreed upon between you and the Club's Student Executive Members. The job title Coach and the general nature of the work will involve instruction and coaching during club practices and titions. Your specific duties will be as follows:
•	1) Assisting in the development of practice plans and providing instruction and coaching during practices
	Assisting in competitions by recommending pre-competition warm up activities, make in-game personnel and strategy decisions Provide guidance and advice to student club members as they make decisions related to club budget, equipment, game schedule, practice schedule, facility bookings, travel and all other decisions not listed in points 1 or 2
As a V equipn	Your supervisors will be Ryan Bradshaw, Paul Bazzano, Robert Spousta and the Student Executive of ub. All of your volunteer activities will be in their names. Please keep them informed of your activities. olunteer Coach, you are not eligible to commit University resources, including facility space, use of nent and use of funds. All decisions related to the use of University resources must be made by the at Executive members in cooperation with the Sport Club Administrative Staff.
Manag are inju \$10,00	While carrying out University duties in your volunteer capacity, you will be an agent of the onwealth; and as such, liability claims for simple negligence will be covered under the State's Risk lement Plan. This coverage does not include the willful disregard of safety or illegal acts. Further, if you used within the scope of your volunteer duties, the University carries insurance that will pay up to 10 for medical bills. Your personal property and your vehicle are not covered under the State Plan. If we any insurance questions, please call the Mason Risk Management Office at 703-993-2599.

Additional forms needed: A completed and signed copy of the Commonwealth's Alcohol & Drug Policy, review the Data Stewardship Policy, and complete and sign a Confidentiality Statement, if applicable, provided by your department.

Once you have reviewed the MOU, please sign and date it and return the completed form to the Club Sports Office. The Club Sports Office is located in room #1112 of the RAC. (fax) 703-993-2510.

Signature of Volunteer – 18 years old and up	Date	
Signature of Department Supervisor	 Date	