



Appointment MOU for Voluntary Work – Club Coach

MEMORANDUM

To: _____ Address (include City, State, Zip): _____
 Phone: _____
 Email: _____ Club you are coaching: _____

From: Paul Bazzano III Date: _____
 Subj: Voluntary Work for George Mason University

Thank you for volunteering to work in George Mason University's Recreation Department. The purpose of this memorandum is to explain certain procedures and the scope of your work.

You have agreed to work varying hours, based on the Club's practice and game schedule, from _____ to _____, as agreed upon between you and the Club's Student Executive Members. The job title will be Coach and the general nature of the work will involve instruction and coaching during club practices and competitions. Your specific duties will be as follows:

- 1) Assisting in the development of practice plans and providing instruction and coaching during practices
- 2) Assisting in competitions by recommending pre-competition warm up activities, make in-game personnel and strategy decisions
- 3) 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

Your supervisors will be Paul Bazzano, Merrissa Vault, and the Student Executives of the Club. All of your volunteer activities will be in their names. Please keep them informed of your activities. As a Volunteer Coach, you are not eligible to commit University resources, including facility space, use of equipment and use of funds. All decisions related to the use of University resources must be made by the Student Executive members in cooperation with the Sport Club Administrative Staff.

While carrying out University duties in your volunteer capacity, you will be an agent of the Commonwealth; and as such, liability claims for simple negligence will be covered under the State's Risk Management Plan. This coverage does not include the willful disregard of safety or illegal acts. Further, if you are injured within the scope of your volunteer duties, the University carries insurance that will pay up to \$10,000 for medical bills. Your personal property and your vehicle are not covered under the State Plan. If you have 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.

Signature of Volunteer – 18 years old and up

Date

Signature of Department Supervisor

Date