



**Winona State University
Department of Intercollegiate Athletics**



**Volunteer Coach/Staff Member
Agreement Form**

Name: _____ Sport / Department: _____

Length of Employment: Start: _____ to End: _____

Athletics Employee Contact & Emergency Contact Information Form Completed: ____ Yes ____ No

Volunteer Coaching Release of Liability Form Completed: ____ Yes ____ No

Description of job responsibilities:

Expectations of the position:

Volunteer Coach/Staff Member Signature Date

Head Coach/Supervisor Signature Date

Director of Athletics (or designee) Signature Date

Compliance Office Signature Date