



Secondary and School-wide Schools Division
Athletics

VOLUNTEER COACH APPROVAL FORM

- ❖ Must be a full-time employee of the school district
- ❖ May not be an hourly employee or substitute for the district
- ❖ Will not be compensated

School Year _____

School _____

Volunteer: _____

Sport _____

Head Coach

Principal

Volunteer Signature _____

I understand that I will not be compensated nor am I covered under the district workman comp or insurance. I agree to abide by all UIL & EPISD Rules and Regulations

*A copy must be on file with the Principal, Campus Coordinator, and the Athletic Office.