



Whitesboro Central School District

65 Oriskany Blvd. Suite 1 • Whitesboro, NY 13492 • www.wboro.org

High School: 315.266.3200 | Middle School: 315.266.3100 | Parkway School: 315.266.3176

Deerfield Elementary: 315.266.3410 | Hart's Hill Elementary: 315.266.3430

Marcy Elementary: 315.266.3420 Westmoreland Road Elementary: 315.266.3440

Date: / /
MM DD YYYY

Volunteer Assistant Coaches Form

Coach Information:

Last Name:		First Name:	
Street Address:		Apt. #:	Home Phone #: () —
City/Town:	State: NY	Zip Code:	Cell Phone #: () —
Sport:		Level:	
Season:		Year:	

Expectations/Responsibilities

- The school appointed coach of the team has complete responsibility for the team.
- The volunteer assistant will be permitted to work with the team only in the presence of the coach.
- Professional conduct is expected at all times.
- Student athletes are expected to address assistants by Mr., Mrs., Ms., or coach (no first names).
- Dialogue with officials will be the responsibility of the coach.
- Good sportsmanship is to be exhibited at all times.
- Improper language is not acceptable.
- Be aware that when you work with the team - you are in the 'public eye'.
- Must fulfill all the requirements and possess a current NYS Coaching License.
- The coach is responsible for the actions of the volunteer assistant.
- Abide by the District's Code of Conduct and the Rules and Regulations of the School District.
- Two (2) non-family personal references regarding my background and good moral character:

Reference #1:		
Last Name:	First Name:	Phone #: () —
Reference #2:		
Last Name:	First Name:	Phone #: () —

Volunteer Assistant's Name (please print): _____

Date: _____ / _____ / _____
MM DD YYYY

Volunteer Assistant's Signature: _____

Phone #: () — _____

Athletic Director's Name _____

Athletic Director's Signature (please print): _____