The University of Montana
Intercollegiate Athletics

Volunteer Coach Contract

Name:____

SS#:______________________ Sport:____________________

As a volunteer coach in the Department of Intercollegiate Athletics, I understand that I am serving as a representative of the Department and the University and a role model for young men and women student-athletes. I will act according to the highest standards of integrity and sportsmanship that have come to define Grizzly Athletics.

Set out below are the standards and principles expected of all Grizzly coaches, including volunteer coaches.

- NCAA Bylaw 10: Ethical Conduct (information attached)
- NCAA Bylaw 11.1: Conduct of Athletics Personnel (information attached)
- Volunteer coaches are prohibited from contacting and evaluating prospective student-athletes off campus (defined as any student who has begun classes for the ninth grade) or from scouting opponents off campus.
- Volunteer coaches are prohibited from making medical decisions regarding a student-athlete including, but not limited to, diagnosis, treatment, referrals and developing or altering rehabilitation programs. All medical decisions must be made by the Rhinehart Athletic Training Center and Curry Health Center staff.
- Volunteer coaches must notify the compliance officer if they believe a violation of NCAA or Conference rules has occurred. Volunteer coaches are subject to disciplinary action if they are involved in a rules violation.

SAMPLE

By signing below, I agree to abide by the standards and principles set forth in this document. I further understand that if it is determined that I have not met any of these standards, my affiliation with the Athletic Department can be terminated without notice.

______________________________ ____________________
Signature Date

Department: ___________________________
Name of Volunteer: ______________________

The University of Montana
Agreement for Non-reimbursed Volunteer Services

This agreement is between The University of Montana, department of

____ and

____ (name of volunteer)

for services rendered as ______________________________________.
Description of services

The above-named individual is not a regular employee of the above-named department and the work to be performed will not replace the work of regular employees of the department.

It is understood that the services are voluntarily offered for the time period from
_______________ (date) to _______________ (date)
and that these volunteer services are not to be reimbursed. Approximate number of hours that will be spent in the volunteer services by this individual in total ____________ (# of hours).

Does the volunteer currently carry any primary medical insurance?
____ (yes) ____ No
If so, who is your primary Insurance Provider?
____

___________________________ _______________
Volunteer's Signature Date
___________________________ _______________
Supervisor's Signature Date
___________________________ _______________
Department Approval Date

These volunteer services provided for The University of Montana are not covered by the worker's compensation policy of The University of Montana.
(Return to Facilities Services Insurance Coordinator)

SAMPLE

The University of Montana
Relocation Authorization Form

Employee Name:______________________ Date of Move:_______________________
Banner ID: _____________________ New Address_______________________________
Department: _______Phone#________ Index to be charged: __________Acct: 62810

Maximum amount authorized $_______________ for relocation expenses

Do you wish to have the Business Services purchasing office competitively bid and make necessary arrangements for the move of household goods? _______________

If yes how do we contact the employee? ____

<u>Estimated Expense Categories</u>: <u>Estimated Expense</u>:

Moving Household Goods: $____________________

Travel- Including airline, hotels, mileage: $____________________

- Will a UM Purchasing Card be used: Yes _____No _____ $____________________
- If yes , name on card: _______________________________

Other Misc Qualified Moving Expense: $____________________

Reimbursement of Relocation Expenses to Be Paid Directly to Employee: $____________________

Total Expense for Relocation $____________________

Executive Officer's Signature: ___________________________Date: _________________

When the move is complete, please submit the original itemized receipts with a <u>Relocation Expense Tax Form</u> within 60 days of the date the expense was incurred.

Please be sure the employee has a photo copy of this authorization.

SAMPLE

University of Montana
Relocation Expense Tax Form

Employee Name:_________________ Date of Move:______________ Banner ID :__________________

Department:______________________ New Address:____

Maximum amount authorized $____ for relocation expenses.   Dept Index to be charged: ______Acct: 62810

Original Itemized Receipts must be submitted for all expenses within 60 days of occurrence

I. **Does the relocation meet the Distance Test?** Your relocation will meet the distance test if your new main job location is at least 50 miles farther from your former home than your old main job was from your former home address.

Worksheet for meeting the distance test:

- Distance from former residence to new main job location _____________
- Distance from former residence to old main job location _____________
- Subtract line 2 from line 1 to see if 50 mile test is met _____________

Yes _____ **No** _____

II. **Qualified Relocation Expenses**: List only travel and lodging for employee and family while relocating from old home to new home, reimbursed automobile mileage at appropriate rate per Publication 521, and transportation and temporary storage of household goods and personal effects. Do not include meals or temporary living costs at the new location. **Payments of Qualified Relocation Expenses made directly to third parties by The University of Montana** (i.e. moving companies, airlines, or hotels) are not taxable income, and are not reported on the Form W-2.

Vendor Name	Doc #		Paid by UM Direct Bill	Paid by UM Pro Card
1. __________________	___________	$________	_________	_________
2. __________________	___________	$________	_________	_________

III. **Nonqualified Relocation Expenses:** List all other relocation expenses to be paid directly to the employee or to a third party. Include temporary living costs, house hunting costs, the costs of selling or buying homes, all meals and food, the cost of breaking a lease, and automobile mileage in excess of the appropriate rate per Publication 521.

Vendor Name, EIN#, Address		To be Paid by UM	Reimburse to Employee
1. ______________________________	$________	_________	_________
2. ______________________________	$________	_________	_________

IV. **Submitted receipts will be reviewed for taxable accuracy. Any discrepancies will be reviewed with employee.**

Employee's Signature: _______________________________ Date: _______________

Executive Officer's Signature: _________________________ Date: _______________

SAMPLE