

## SUPPLEMENT PERFORMANCE RESPONSIBILITIES

**TITLE:** Junior Varsity Volleyball Coach

**QUALIFICATIONS:**

- Required: Valid Florida Athletic Coaching or Educator's Certificate
- Recommended: Experience in Coaching High School Volleyball

**REPORTS TO:** Head Volleyball Coach and Athletic Director

**SUPERVISES:** Assistant Junior Varsity Volleyball Coaches

**JOB GOAL:** To plan, organize, coordinate and supervise the junior varsity volleyball team.

**PERFORMANCE RESPONSIBILITIES:**

- The junior varsity volleyball coach's first responsibility is the welfare and safety of all athletes under his supervision.
- The junior varsity volleyball coach shall plan a program in such a way to produce a team that will be competitive in their classifications.
- Assist the head coach in any assigned duties in addition to coaching the junior varsity team.
- Assume responsibility for checking all practice areas each day and removing hazardous objects from the practice area.
- Develop a positive public relations program in the school and community.
- Make recommendations to head coach for purchasing equipment.
- Provide supervision in the locker rooms before and after practice.
- Coordinate with the athletic trainers to provide appropriate sports medicine procedures for the treatment of athletic injuries.
- Conduct yourself, at all times, in a manner that will set a good example for student athletes to follow on and off the field.
- Assume responsibility with the athletic director for eligibility of participants and insurance coverage of team members.
- Develop a regular season schedule of games with athletic director's approval.
- Assist head coach in inventory of equipment.
- Assist head coach in awards presentation.
- Understand the rules of your sport, Florida High School Athletic Association regulations and district policies regarding interscholastic sports.

**TERMS OF EMPLOYMENT:** Annual Appointment by Principal

**EVALUATION:** Head Volleyball Coach and Athletic Director

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)

Reviewed and agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT – Employee's Name)

Reviewed and agreed to by: \_\_\_\_\_ Emp. ID #: \_\_\_\_\_  
(Employee's Signature)

**IRS REGULATIONS REQUIRE A WITHHOLDING RATE OF 28%  
ON ALL SUPPLEMENTAL PAY AS OF JANUARY 1, 1994.**

Form Number: PER 213.001

New Date: 5/19/14