## SUPPLEMENT PERFORMANCE RESPONSIBILITIES

Junior Varsity Softball Coach TITLE: **QUALIFICATIONS:** Valid Florida Athletic Coaching or Educator's Certificate • Required: • Recommended: Experience in Coaching High School Softball Head Softball Coach and Athletic Director REPORTS TO: **SUPERVISES:** Assistant Junior Varsity Softball Coaches JOB GOAL: To plan, organize, coordinate and supervise the junior varsity softball team. PERFORMANCE RESPONSIBILITIES: The junior varsity softball coach's first responsibility is the welfare and safety of all athletes under his supervision. • The junior varsity softball 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 Softball Coach and Athletic Director Approved by: \_\_\_\_\_(Principal) Date: \_\_\_\_\_

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

Reviewed and agreed to by: \_\_\_\_\_ Emp. ID #: \_\_\_\_\_

(PRINT – Employee's Name)

(Employee's Signature)

\_\_\_\_\_ Date:

Form Number: PER 213.001 New Date: 5/19/14

Reviewed and agreed to by: