VOLUNTEER COACHING/LEADING AGREEMENT 2025-2026

* **This form is to be completed by the Club. It must be signed by the Coach/Leader and the club (usually President or Chairperson) on page 2.**
* **Please complete all sections of this form and edit the shaded sections.**

Re: Voluntary Coach Position, UCD **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Club Academic Year 2025-2026

Dear **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I refer to previous discussions and would like to thank you for volunteering to coach/lead the UCD **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Club members for the above-mentioned academic year.

As a volunteer you will not be paid for your contribution, but you will be entitled to reclaim vouched agreed expenses up to a maximum of €**\_\_\_\_\_\_\_**. You must submit a claim for agreed expenses to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (insert name of club member).

The Club reserves the right not to reimburse expenses claimed by a volunteer should the claim be for an expense not agreed by the Club or if no evidence of such expense is provided. The reimbursement will be in accordance with Revenue Guidance Reference SP-IT/2/07.

I enclose your Volunteer Coaching/Leading Agreement for you to read and complete. This, alongside your Safeguarding 1 certificate, must be uploaded as part of submitting your Volunteer Coach/Leader Pack (Google Form) to the UCD Athletic Union Council (AUC). This link to this pack will be sent to you. The Garda Vetting process must also be completed in full. Club coaches/leaders are not permitted to begin in their role until they have received confirmation from the AUC.

It would be appreciated if you could forward a copy of your coaching qualification (if required) and a copy of your NGB Insurance/Affiliation (if required) to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** by **dd/mm/yyyy**.

At all times, you must ensure compliance with the Data Protection Act 2018, the General Data Protection Regulation 2016/679 and all policies and procedures adopted by UCD in relation to data protection.

In addition, you must ensure that all coaching/leading is delivered in accordance with the respective club’s health & safety manual and the approved practice for that activity as defined by the respective sport’s governing body.

Please note that the appointment of all coaches/leaders is subject to successfully submitting the Volunteer Coach/Leader pack, a satisfactory Vetting disclosure being returned and the approval of the UCD AUC.

**Kind Regards,**

Chairperson

UCD **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Club

**This section is to be completed by the Club and signed by the Coach / Leader and a club Committee member, usually the President or Chairperson.**

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| --- | --- | --- |
| **UCD Club & Team:** |  |  |
| **Coach/Leader Name:** |  |  |
| **Coach/leader Email:** |  |  |
| **Coach/Leader Tel No:** |  |  |
| **Training Dates** **Trimester 1:***E.g. September 03,04,07,11,14,15,21,22* | September: October:November:December:  |  |
| **Training Dates** **Trimester 2:** | January:February:March:April:May: |  |
| **Training Days & Times:***E.g. Mondays & Wednesdays 6pm – 8pm* | Days: Times: |  |
| **Reimbursement of Expenses**  | Reimbursement of expenses will be made by your Club up to €\_\_\_\_\_. Only expenses agreed by your Club will be reimbursed by your Club subject to relevant receipts / proof being submitted to your Club. The reimbursement will be in accordance with Revenue Guidance Reference SP-IT/2/07. |  |
| **Coaches Qualification (s) (If required) including Safeguarding Training** |  |  |

**Please note the following:**

* All coaching is subject to securing sufficient membership numbers and funding in the UCD Club and/or Team.
* The Coach/Leader must provide sufficient notice if they are not available to attend a coaching session.
* There may be other out of pocket expenses that you incur outside those covered above. Please check in advance for allowable expenses with your Club.

In signing below, you agree to provide Voluntary coaching support to the UCD **\_\_\_\_\_\_\_\_\_\_\_\_\_** Club for the period **dd/mm/yyyy** to **dd/mm/yyyy** in accordance with the terms of this Agreement and accept and acknowledge the terms of the letter accompanying this Agreement. You further agree to always fulfil this engagement in accordance with the rules of the UCD **\_\_\_\_\_\_\_\_\_\_\_\_\_** Club and UCD Athletic Council Union.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date **dd/mm/yyyy** Volunteer Coach/Leader Signature (NOT TYPED, DIGITAL SIGNATURE ACCEPTABLE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date **dd/mm/yyyy** Club Chairperson Signature (NOT TYPED, DIGITAL SIGNATURE ACCEPTABLE)

 On behalf of UCD **\_\_\_\_\_\_\_\_\_\_\_\_\_** Club