## **Stipend Agreement**

## HAYWOOD COUNTY SCHOOLS Coaching Stipend Agreement

I,	, of my own free will, volunteer my time and service to participate as an athletic
coach at	school. My time and service in this volunteer capacity are given without
promise,	expectation or receipt of any form of compensation or other remuneration for this service. I will receive a
nominal	stipend in the amount listed below to offset my actual expenses relating to this volunteer activity.

I understand and agree that my volunteer participation is not being performed in the course and scope of my regular employment with **Haywood County Schools** and that my participation in this activity is not in any way required by the **Haywood County Board of Education**. I acknowledge and agree that my volunteer services do not involve the same or similar type of services I perform as an employee at **Haywood County Schools**.

I further acknowledge and agree that my volunteer services are not closely related to my duties and responsibilities as an employee and that my volunteer services in no way effect my employment with the **Haywood County Schools**.

I understand that my participation as a volunteer may be terminated at any time without cause, and that I may withdraw from participation at any time for any reason and that my withdrawal will not affect my continued employment with the **Haywood County Board of Education.** I further understand that a criminal background check is required

School:		School Year:			
Assignment (Sport)	Years Coaching Experience:		Stipend Amount Schedule (Amount)		
Circle all of the following that	t apply:	Boys/Girls	Varsity/JV	Head/Assistant	
STIPEND OPTIONS: Stipend may not begin before activity begins	1. 2. 3. 4. 5. 6. 7.	Full Stipend in November Full Stipend in February Full Stipend in March Full Stipend in May One-Half Stipend in November and Balance in March Monthly Stipend to beginand continue up to and including May One-Half Payment in November and Balance in February			
Superintendent (Designee)			Stipend C	oach	
Principal			SSN for E	mployee	

**Complete Back of Contract** 

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