

**SUPPLEMENTAL POSITION LETTER
OF INTEREST REQUIRING A PAV**

As of _____, please accept this letter of
(Date)
interest for the supplemental position of

during the 2020-2021 school year for the
Clear Fork Valley Local Schools.

(Print Name)

(Signature)

(Date)

As the District Activities Coordinator, I certify by initialing each line below that the above has completed the following and documentation is on file:

_____ **Current CPR Card that does not expire until the season is over**

_____ **Concussion in Sports (good for 3 years)**

_____ **Fundamentals of Coaching**

_____ **Sudden Cardiac Arrest (update yearly)**

_____ **Applied for PAV Certificate on-line with ODE**

(District Activities Coordinator's Signature)

Date _____

(Superintendent's Signature)

Date _____