

# SUPPLEMENTAL POSITION LETTER OF INTEREST REQUIRING A PAV

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

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during the 2022-2023 school year for the  
**Clear Fork Valley Local Schools.**

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(Print Name)

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(Signature)

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(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

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(District Activities Coordinator's Signature)

Date \_\_\_\_\_

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(Superintendent's Signature)

Date \_\_\_\_\_

Office Use Only

Board Agenda \_\_\_\_\_