

SUPPLEMENTAL POSITION LETTER OF INTEREST REQUIRING A PAV

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

during the 2023-2024 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 _____

Office Use Only

Board Agenda _____