

SUPPLEMENTAL POSITION LETTER OF INTEREST REQUIRING A PAV

As of _____, please accept this letter of
(Date)

interest for the supplemental position of

with _____ years of experience* (new coaches only)
during the 2024-2025 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

_____ Mental Health Training

_____ Date _____
(District Activities Coordinator's Signature)

_____ Date _____
(Superintendent's Signature)

*Must provide documentation

Office Use Only
Board Agenda _____