

# 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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with \_\_\_\_\_ years of experience\* (new coaches only)  
during the 2025-2026 school year for the  
Clear Fork Valley Local Schools.

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(Print Legal 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 have submitted documentation:

\_\_\_\_\_ Current CPR Certification that does not expire until the season is over

\_\_\_\_\_ Concussion in Sports (renew every 3 years)

\_\_\_\_\_ Fundamentals of Coaching

\_\_\_\_\_ Sudden Cardiac Arrest (renew yearly)

\_\_\_\_\_ Current Pupil Activity Permit with ODE

\_\_\_\_\_ Mental Health Training (when renewing PAP)

\_\_\_\_\_ Fraud Training <https://ohioauditor.gov/trainings/fraud.html> (when renewing PAP)

\_\_\_\_\_  
(District Activities Coordinator's Signature)

Date \_\_\_\_\_

\_\_\_\_\_  
(Superintendent's Signature)

Date \_\_\_\_\_

\*Must provide documentation

Office Use Only

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