PART TIME COMMUNITY COACH HIRE FROM SUBSTITUTE/SUPPORT/RETURNING COACH COACHING AT A NEW SCHOOL AND/OR NEW SPORT

NAM		EMP ID # OR LAST 4 OF SSN #:			
SCHO	HOOL NAME/NUMBER: SCHOOL NAME/NUMBER:	OOL YEAR:			
	STEPS TO BE COMPLETED BEFORE CANDIDATE CA	AN BE HIRED AS A COACH:			
	FINGERPRINTS - CHECK WITH DISTRICT SECURITY				
	For eligibility to be employed as a community coach email Raquel F	igueroa at figueroa.raquel@brevardschools.org			
	or Sharon Doucett-Doran at Doucett-Doran.Sharon@brevardschool	s.org *Not required for cheer coach			
	Apply to the Florida Department of Education (FL DOE) for the Athl payment at http://www.fldoe.org/teaching/certification/on-line-ap for cheer coach				
	Mark As "Hired" in Beacon				
	Send to ESF IF APPLICABLE				
	Fingerprinting (Cost Paid at District Security by De	ebit or Credit)			
	FORMS/DOCUMENTS TO BE SENT EMPLOYMENT SPECIALIST IN THE FOLL				
	Appointment Form – Fill Online Form and Print for Signatures				
	Community Coach Employment Process Letter				
	Athletic Community Coach Agreement *Not required for cheer coa	nch and dance			

NOTE: APPOINTMENT OF SUPPORT EMPLOYEES

In addition to the appointment form and community coach employment process letter, support employees who are selected for coaching positions will be required to apply for a part time athletic coaching certificate. Fingerprints and fee could be necessary to meet Department of Education requirement. A reference letter is also required to justify the employee's competency in the sport that is coached.

										1	
EMPLOYEE ID OR LAST 4 OF SSN	TYPE	LAST N	ME (AS IT APPEARS C	ON SS CARD)	SUFFIX		FIRST	NAME		INITIAL	
					IENT FORM						
				OOL BOARD OF B							
☐ INSTRUCTIONAL	☐ APPC	DINTMENT	☐ REAPPOINTM	MENT	☐ NEW EMPLOYE		NON-CERTIFICATED			☐ ADULT ED	
	Y EMPLOYED AS	•									
I SCHOOL/DEPARTMENT NUMB	ER		_ SCHOOL/DEPARTN	MENT NAME							
EMPLOYEE STREET ADDRESS					CIT	Y/STATE			ZIP		
RECOMMENDED BEGIN WORK DATE				SEX/R.	ACE		BIRTH DATE				
HRS/DAY	HRLY RA	TE	NEW AL	NEW ALLOCATION: DATE APPROVED			UNIT ALLOCATION				
IF SHORT-TERM CONTRACT, ENDING	DATE			IF TEMPORARY, E	NDING DATE			_ AD ED, ALLOCATE	D HRS		
REPLACEMENT FOR				SIGNED TF	RANS \square	TERM	RETIRED E	FF DATE			
ON LEAVE FROM				то							
II JOB TITLE											
					# CLASSES					PROGRAM	
COU	RSE CODE NAME	AND NUMBER		POSITION #	(CERTIFIED)	HOURS	FUND	FUNC	PROJECT#	CATEGORY	
				•		•		'	'	.1	
CERTIFICATION/COURSE CODE VERIF	IED		DATE								
III FOR INSTRUCTIONAL EMPLOY	YEES:			RETURNING FRO	M EXTENDED LEAV	E 🗆 YES 🗆	NO RE	TURNING FROM LE	AVE ON ANNUAL C	ONTRACT	
PORTION OF THE DAY IN-FIELD		%	PORTION OF THE D	DAY OUT-OF-FIELD		_% RETURNING	G FROM LEAVE ON CO	NTINUING PROFES	SIONAL SERVICE CO	ONTRACT	
JUSTIFICATION FOR EMPLOYING ALL	OR ANY PORTION	N OF THE DAY OUT-OF	FIELD:								
IV FOR SUPPORT EMPLOYEES:							POSITIO	ON #			
PAY TYPE			GRADE		STE	EP		MONTHS WORKED_			
V HR OFFICE USE ONLY:		BEGIN		TERM		SALARY SLOT	COMPENS	SATION SERVICES			
ORG HIRE DATE		BASE SALARY		JOB CODE		TAX CD		RET CODE			
HRS PER DAY		REC CODE		RANK		CONTRACT DAYS		ITRACT SALARY			
FIELD		NEW HIRE YR	Т	OTAL EXPERIENCE		FL EXP	CON	T BREVARD EXP			
BD APPROVED DATE STAMP				SPEC QUAL			DATE PO	OSTED/INITIALS			
PRINCIPAL/DEPARTMENT HEAD	DATE	AREA SUPERINTEN	DENT	DATE D	EPARTMENT HEAD		DATE	HUMAN RESO	URCES ADMINISTR	ATOR DATE	

IF APPOINTMENT BLOCK IS FILLED, THIS FORM WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY A FORM W-4, A COPY OF THE EMPLOYEE'S SOCIAL SECURITY CARD, AN EMPLOYMENT PROCESS/SUB LETTER AND AN APPLICATION WITH REFERENCE EITHER ATTACHED TO THIS FORM OR ON-FILE IN HUMAN RESOURCES.

School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601 Mark J. Rendell, Ed.D., Superintendent



COMMUNITY COACH EMPLOYMENT PROCESS LETTER

This notice is to provide certain information to applications for employment in the Brevard County School System concerning the process and conditions for employment.

When a selection is made, the person selected is recommended on an appointment form by the principal. This constitutes the first step in the employment procedure, but this does not constitute commitment for employment. The appointment form and credentials are reviewed by the Area Superintendent and sent to Human Resources. Further approval is required by Human Resources and by the School Board in official action. If the School Board acts favorably on this recommendation, employment will begin on a day specified and in a school designated by the School Board.

In accepting this assignment, the employee agrees to observe and enforce faithfully the laws, rules, regulations, and policies lawfully prescribed by legally constituted school authorities, insofar as such laws, rules, regulations, and policies are applicable to the above named position.

This recommendation for employment is specifically conditioned on State Board of Education Administrative Rule 6A-1.0502, paragraph 8, which states that in advance of assuming this responsibility, the applicant has a clear understanding of all state and district instructional practices and policies relevant to the responsibilities of the position.

When employed in such positions, an employee may be dismissed or suspended by the Superintendent or School Board for failure to comply with any and all lawful rules, regulations, and policies of the State Board of Education or the School Board, now existing or hereafter enacted, as provided by law.

This employment recommendation is pursuant to all of the above conditions. You may begin work provided all personnel documents are completed in time to present the appointment at the next regular School Board meeting. Failure to meet this condition will result in being considered a volunteer and no recommendation will be made for payment of the supplement.

I have read this document and understand its contents. The attached appointment form is offered in agreement with the stated process and pursuant to the employment conditions as specified.

Name (Printed)	Signature	Date	
	Principal/Department Head Signature	Date	
	School Name		

REV 06/2023ka-cc

Human Resources Services
Phone: (321) 633-1000, ext. 11200 • FAX: (321) 633-3525



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ATHLETIC COMMUNITY COACH AGREEMENT

I. understand that as a community coach I am considered an employee of Brevard Public Schools and must adhere to all District and State policies for educators. I must also complete the following requirements before I can begin to coach and be with the students:

Apply for a three-year temporary athletic coaching certificate http://www.fldoe.org/teaching/certification/on-line-application-status-lookup-site.stml Give a copy of my confirmation of applying to the Athletic Director.

Be fingerprinted and pay the required fee (contact District Security 633-1000 ext. 11233).

Be Drug Screened and pay required fee at Human Resources in ESF, Viera (633-1000 ext. 11225).

Provide to Professional Practices Services required documentation for clearance of any arrest record, if applicable, to receive

Complete all hiring paperwork required by the School Board for the coaching position, including the employment application on BEACON (see school secretary).

the athletic coaching certificate. I understand I may not be paid until I have been cleared of all charges through PPS.

Complete all three required courses and receive a valid CPR card from the American Heart Association or the American Red Cross before my three year temporary certificate expires.

The required Athletic Coaching courses are currently offered through the School Board of Brevard County. Course information is available on the District website: http://professionaldevelopment.brevard.k12.fl.us or by contacting your Athletic Director or school secretary, OR fee-based online courses are also available at https://coacheducation.humankineticscom/collections/663

The three required courses are: Sports Specific, Sports Medicine, and Sports Theory and receive a valid CPR card-from American Heart Association or American Red Cross.

If I hold a valid five-year athletic coaching certificate with the State of Florida, I am not required to take the courses again, unless there has been a change in the requirements with the Florida Department of Education (FL DOE). I am required to update my fingerprints, every five years. If my five-year certificate expires, I will be required to hold a valid CPR card from the American Heart Association or American Red Cross and provide a legible, verifiable copy of the CPR card to the offices of Certification, in order to meet current FL DOE requirements to obtain a new five - year athletic coaching certificate.

I understand that it is my responsibility to complete ALL requirements. I further understand that if I fail to complete all requirements above including the three required courses and CPR prior to the expiration of my three year temporary, I will not receive the coaching supplement and will be considered as having volunteered my time.

Print: Community Coach Name	Signature	Date
Print: Athletic Director Name	Signature	Date
Print: Principal Name	Signature	Date
Original: Employment Specialist CC: Athletic Director File CC: Community Coach		REV 06/2023ka-cc

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<u>COMMUNITY COACH</u> KNOWLEDGE OF SPORT					
Applicant's Name	Sp				
How Long have you known this applicant? Would you hire this individual for a Coaching Position? Please address the following attribute for this candidate: Specific Coaching Ability					_
	Excellent	Good	Average	Needs Improvement	NA
Attendance/Promptness Loyalty/Reliability Honesty/Integrity Attitude Toward Job/Tasks Knowledge of Sport Technical Skills for Job Communication Skills Ability to Work without Supervision Ability to Learn New Skills Efficient Use of Time Judgment/Common Sense Willingness to Accept Direction Tolerance For Stress Sensitivity to Adolescents Interpersonal Relationship Skills What would be your overall evaluation of this applicant?					
Name of Hiring Manager					

REV 06/2023

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