

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

NAME OF COACH: _____ **EMP ID # OR LAST 4 OF SSN #:** _____
Last Name First Name

SCHOOL NAME/NUMBER: _____ **SCHOOL YEAR:** _____

STEPS TO BE COMPLETED BEFORE CANDIDATE CAN BE HIRED AS A COACH:

- FINGERPRINTS - CHECK WITH DISTRICT SECURITY
- For eligibility to be employed as a community coach email Raquel Figueroa at figueroa.raquel@brevardschools.org or Sharon Doucett-Doran at Doucett-Doran.Sharon@brevardschools.org *Not required for cheer coach
- Apply to the Florida Department of Education (FL DOE) for the Athletic Coaching Certification including payment at <http://www.fldoe.org/teaching/certification/on-line-application-status-lookup-site.stml> *Not required for cheer coach
- Mark As "Hired" in Beacon
- Send to ESF IF APPLICABLE

Fingerprinting (Cost Paid at District Security by Debit or Credit)

**FORMS/DOCUMENTS TO BE SENT TO YOUR
EMPLOYMENT SPECIALIST IN THE FOLLOWING ORDER:**

- Appointment Form – Fill Online Form and Print for Signatures
- Community Coach Employment Process Letter
- Athletic Community Coach Agreement *Not required for cheer coach 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.

EMPLOYEE ID OR LAST 4 OF SSN	TYPE	LAST NAME (AS IT APPEARS ON SS CARD)	SUFFIX	FIRST NAME	INITIAL
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APPOINTMENT FORM

THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

INSTRUCTIONAL SUPPORT APPOINTMENT REAPPOINTMENT NEW EMPLOYEE NON-CERTIFICATED INSTRUCTIONAL ADULT ED

CURRENTLY EMPLOYED AS/AT _____ FORMERLY EMPLOYED AS/AT _____

I | SCHOOL/DEPARTMENT NUMBER _____ SCHOOL/DEPARTMENT NAME _____

IF SHORT-TERM CONTRACT, ENDING DATE _____ IF TEMPORARY, ENDING DATE _____

REPLACEMENT FOR _____ RESIGNED TRANS TERM RETIRED EFFECTIVE DATE _____

ON LEAVE FROM _____ TO _____

II | JOB TITLE _____

COURSE CODE NAME AND NUMBER	POSITION #	# CLASSES	HOURS	FUND	FUNC	PROJECT #

CERTIFICATION/COURSE CODE VERIFIED _____ DATE _____

III | FOR INSTRUCTIONAL EMPLOYEES: RETURNING FROM EXTENDED LEAVE YES NO RETURNING FROM LEAVE ON ANNUAL CONTRACT

PORTION OF THE DAY IN-FIELD _____ % PORTION OF THE DAY OUT-OF-FIELD _____ % RETURNING FROM LEAVE ON CONTINUING PROFESSIONAL SERVICE CONTRACT

JUSTIFICATION FOR EMPLOYING ALL OR ANY PORTION OF THE DAY OUT-OF-FIELD: _____

IV | FOR SUPPORT EMPLOYEES: POSITION # _____

PAY TYPE _____ GRADE _____ STEP _____ MONTHS WORKED _____

V |

HR OFFICE USE ONLY	BEGIN:	TERM:	SALARY SLOT:	FIELD:
ORG HIRE DATE:	BASE SALARY:	JOB CODE:	CONTRACT SALARY:	NEW HIRE YR:
HRS PER DAY:	REC CODE:	DEGREE:	CONTRACT DAYS:	COMPENSATION SERVICES: _____
				DATE POSTED/INITIALS: _____

PRINCIPAL/DEPARTMENT HEAD DATE

DEPARTMENT HEAD DATE

HUMAN RESOURCES ADMINISTATOR DATE

COMMUNITY COACH/ACADEMIC PROCESS 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
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Principal/Department Head Signature	Date
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School Name

REV 06/2023ka-cc

Human Resources Services

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



School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

Mark J. Rendell, Ed.D., Superintendent



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

Complete all hiring paperwork required by the School Board for the coaching position, **including the employment application on BEACON.**

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.humankinetics.com/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: Principal Name

Signature

Date

Original: Employment Specialist
CC: Community Coach

REV 02/24

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School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

Mark J. Rendell, Ed.D., Superintendent



COMMUNITY COACH KNOWLEDGE OF SPORT

Applicant's Name _____ Date of Contact _____
Name of Reference _____
Relationship to Applicant _____ Sport(s) _____
Contact Phone # _____

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 _____
Position _____
Signature _____
Date _____

REV 06/2023

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