## 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 certific application-status-lookup-site.stml <b>Give a copy of my con</b>		-
Be fingerprinted and pay the required fee (contact District	Security 633-1000 ext. 112	233).
Be Drug Screened and pay required fee at Human Resource	ees in ESF, Viera (633-1000	ext. 11225).
Provide to Professional Practices Services required docum receive the athletic coaching certificate. I understand I may		
Complete all hiring paperwork required by the School Boar application on BEACON (see school secretary).	d for the coaching position,	including the employment
Complete all three required courses and receive a valid CF Red Cross before my three year temporary certificate expir		Heart Association or the American
The required Athletic Coaching courses are currently information is available on the District website: http://j Athletic Director or school secretary, OR https://coacheducation.humankinetics.com/collections/663	professionaldevelopment.br fee-based online c	
The three required courses are: Sports Specific, Sports N card from American Heart Association or American Red O		rinciples and receive a valid-CPR
If I hold a valid five-year athletic coaching certificate courses again, unless there has been a change in the DOE). I am required to update my fingerprints, every f hold a valid CPR card from the American Heart Associate of the CPR card to the offices of Certification, in order year athletic coaching certificate.	requirements with the Five years. If my five-year cion or American Red Cross	Torida Department of Education (FL certificate expires, I will be required to s and provide a legible, verifiable copy
I understand that it is my responsibility to complete ALL requirements above including the three required course, will not receive the coaching supplement and will be cons	s and CPR prior to the exp	piration of my three year temporary, I
Print: Community Coach Name	Signature	Date
Print: Principal Name Original: Employment Specialist	Signature	Date
Original: Employment Specialist CC: Community Coach		

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