



ORONDO SCHOOL DISTRICT #13
ORONDO ELEMENTARY & MIDDLE SCHOOL

100 ORONDO SCHOOL ROAD ORONDO, WA. 98843-9724 PHONE: (509) 784-2443 FAX: (509) 784-0633

Dear Applicant:

To be considered for employment in the Co-Curricular Activities Program, the materials listed below must be submitted to the business office by the deadline.

- A completed Co-Curricular Program Application
- **If not a current staff member**
 - At least three references
 - A current resume
 - A completed and signed disclosure / background statement

If you are considered for the assignment, final assignment is not complete until these documents have been completed and provided to the business office.

- A completed and signed I-9 Employment Eligibility Verification form with a copy of the appropriate ID attached
- Form W4 completed and signed
- Completed and signed Sexual Misconduct Disclosure Release filled in for each district you were previously employed at.

Co-curricular stipend positions are granted for one-year terms. Requirements vary according to activity, but in general the following apply:

General requirements for all positions:

- Knowledge of and adherence to all school district rules and regulations
- Professional conduct appropriate for a positive educational setting
- Supervisory and organizational skills necessary to carry out assigned duties
- Ability to establish positive, supportive rapport with student participants

General requirements for coaching of athletic teams:

- Participation and/or coaching experience in the designated sport or activity
- Ability to teach the techniques, rules and strategies of the sport or activity while treating participants with dignity and respect
- Professional conduct and adherence to supervisory and organization expectations at all times
- Knowledge of and adherence to all Orondo School District, League, and Washington Interscholastic Activities Association rules and regulations
- First Aid/CPR, and School District Driver's certification,
- Willingness to meet WIAA Coaching Standards requirements

Note: Volunteer coaches must be approved by the Superintendent and Athletic Director and must; and must meet all coaching requirements.

Orondo School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person which a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

The following employee has been designated to handle questions and complaints of alleged discrimination: **Compliance Coordinator for 28A.640 and 284.642 RCW, Section 504/ADA Coordinator and Title IX Coordinator:** Superintendent, Orondo School District, 100 Orondo School Rd. Orondo, WA. 98843 509-784-2443 sandler@orondo.wednet.edu

Orondo School District will also take steps to assure the national origins persons who lack English language skills can participate in all education programs, services, and activities. For information regarding translation services or translation bilingual education programs, contact Teresa Vargas, Programs Director.

CO-CURRICULAR APPLICATION

NAME: _____

PHONE NUMBER: (____) _____

ADDRESS: _____

E-MAIL ADDRESS: _____

CITY, STATE, ZIP CODE

POSITION APPLYING FOR: _____

Do you have a valid First Aid Card? Yes No If yes, expiration date: ____/____/____

Do you have a valid CPR Card? Yes No If yes, expiration date: ____/____/____

Please list any certifications held, training taken, or other background preparation that is applicable to the position for which you are applying:

1.
2.
3.
4.

EDUCATIONAL BACKGROUND

High School:	Location:
College or University:	Location:
Degree(s) earned:	
Additional Educational Experience:	

ACTIVITIES PARTICIPATION

High School:	Activity:	Years:
College/University:	Awards/Honors:	
Other (Military, Community, Post-College, etc.):		

COACHING/ADVISING EXPERIENCE

School: _____ Program: _____	Positon/Title: _____ Activity: _____	Dates: _____	Honors: _____
School: _____ Program: _____	Positon/Title: _____ Activity: _____	Dates: _____	Honors: _____
School: _____ Program: _____	Positon/Title: _____ Activity: _____	Dates: _____	Honors: _____

REFERENCES

Name & Relationship	Phone	Address	Position	School/Agency
_____ _____	(____) _____ (____) _____	_____ _____ City, State, Zip Code		
_____ _____	(____) _____ (____) _____	_____ _____ City, State, Zip Code		
_____ _____	(____) _____ (____) _____	_____ _____ City, State, Zip Code		

I certify that the information given in this application is true and complete to the best of my knowledge. I authorize the school district to make any necessary inquiries as may be necessary in the process of making employment decisions. I also understand that I am required to abide by all the policies, rules and regulations of the Orondo School District. I also agree to be fingerprinted for Washington State Patrol and F.B.I. background checks, with the results made available to school district officials. I understand that all O.S.D. buildings and grounds are mandated drug, alcohol, and smoke free working environments.

Signature of Applicant

Date

PERSONAL PHILOSOPHY

Briefly explain your philosophy as it applies to the following:

The value of co-curricular activities:

The treatment of participants:

Success in activities:

Sportsmanship/integrity:

Role modeling for participants: