

**Rye City School District Out-of-District PE Experience Supervisor/Instructor  
Resume Form**

Experience Supervisor/Instructor Name (Students only permitted one supervisor for one activity):

\_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Current Employer/Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Education & Professional Preparation: College(s) Attended:

\_\_\_\_\_ Degree(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

Professional Certifications and Qualifications (Describe Briefly):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment History - Job Description at Current Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Out of District Experience for**

Student Name: \_\_\_\_\_ Rye High School Grade: \_\_\_\_\_

Briefly describe the activity that you will be supervising/instructing for the above named Rye High School student.  
**(Please be specific and include number of times per week and number of hours).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to supervise the PE Out of District Experience for the student named above, assume responsibility for his/her safety, document his/her attendance and participation for a minimum of 120 hours per semester and be available to communicate with the Rye City High School Physical Education Faculty.**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_