

Colorado State University
Department of Health and Exercise Science
Youth Sport Camps Program
2009 STAFF APPLICATION FORM

Name _____

Local Address _____

Zip: _____

Phone: (Home) _____ (Work) _____ Email: _____

Are you a CSU Employee? Yes _____ No _____ Are you a CSU student? Yes _____ No _____

Will you be taking classes at CSU this summer? Yes _____ No _____ Next fall? Yes _____ No _____

Have you worked at the CSU Youth Sports Camps in the past? Yes _____ No _____

If yes: Which camp(s)? _____

Position? _____

Driver's License # _____ (attach a photocopy) CSU ID#: _____

List driving violations in past 2 years: _____

Please check all of the camps for which you would be willing, available and qualified to work.

You **must** attend one of the scheduled Staff Training Sessions **prior to beginning work**:

<p><u>Field Sports Camp:</u></p> <p>◇ 6/1-6/5</p> <p>◇ 6/15-6/19</p> <p>◇ 6/29-7/3</p> <p>◇ 7/13-7/17</p> <p>◇ 7/27-7/31</p> <p>◇ 8/10-8/14</p> <p><u>In-Line Hockey Camps:</u></p> <p>◇ 6/1-6/5</p> <p>◇ 6/8-6/12</p> <p>◇ 6/15-6/19</p> <p>◇ 6/22-6/26</p> <p>◇ 6/29-7/3</p> <p><u>Softball Camps:</u></p> <p>◇ 6/1-6/5</p> <p>◇ 6/8-6/12</p> <p>◇ 6/15-6/19</p> <p><u>Baseball Camps:</u></p> <p>◇ 6/1-6/5</p> <p>◇ 6/8-6/12</p> <p>◇ 6/15-6/19</p> <p>◇ 6/22-6/26</p> <p>◇ 6/26-7/3</p>	<p><u>Basketball Camps:</u></p> <p>◇ 7/6-7/10</p> <p>◇ 7/13-7/17</p> <p>◇ 7/20-7/24</p> <p>◇ 7/27-7/31</p> <p>◇ 8/3-8/7</p> <p>◇ 8/10-8/14</p> <p><u>Soccer Camps:</u></p> <p>◇ 7/6-7/10</p> <p>◇ 7/13-7/17</p> <p>◇ 7/20-7/24</p> <p>◇ 7/27-7/31</p> <p>◇ 8/3-8/7</p> <p>◇ 8/10-8/14</p> <p><u>FunLIFE Camps:</u></p> <p>◇ 6/8-6/12</p> <p>◇ 6/22-6/26</p> <p>◇ 7/6-7/10</p> <p>◇ 7/20-7/24</p> <p>◇ 8/3-8/7</p>	<p><u>Super Sport Camps:</u></p> <p>◇ 6/2-6/12</p> <p>◇ 6/15-6/26</p> <p>◇ 6/29-7/10</p> <p>◇ 7/20-7/31</p> <p>◇ 8/3-8/14</p> <p><u>Volleyball Camps:</u></p> <p>◇ 7/13-7/16</p> <p>◇ 7/20-7/24</p> <p>◇ 7/27-7/31</p> <p>◇ 8/3-8/7</p> <p>◇ 8/10-8/14</p> <p><u>Music and Movement Camps:</u></p> <p>◇ 6/8-6/12</p> <p>◇ 6/29-7/3</p> <p>◇ 7/13-7/17</p> <p>◇ 8/3-8/7</p> <p><u>Staff Training:</u></p> <p>◇ May 27 6-10pm</p>
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Please continue on other side

Please list the experiences that would qualify you to work in each sport camp you checked:

References (specific to area of sport specialization):

Phone:

1. _____
2. _____
3. _____

Current Certifications (First Aid, CPR, Sr. Life Saving, W.S.I., etc.):

Certain certifications are required (YSC will provide certification if needed)

Type: _____

Chapter: _____

Expiration Date: _____

**Please attach a photocopy of each certification card

_____ ***Check here if you need certification**

Medical History - Do you have a medical condition that would prevent you from performing the duties of a youth sports counselor?

Yes____ No____ Please explain_____

Have you ever been:

convicted of a felony? Yes____ No____

convicted of child abuse? Yes____ No____

convicted of sexual assault? Yes____ No____

If you answered yes to any question above, please explain: _____

All CSU Youth Sport Camp employees and volunteers must submit to a criminal background check before working with children. This will be completed by CSU prior to your employment. Individuals who are not cleared will not be allowed to work with children or their families through the CSU Youth Sport Camps.

As a CSU Youth Sport Camp staff member, I understand that is my legal responsibility to report any knowledge or awareness of child abuse by the next camp session.

Signature: _____

Date: _____

Emergency Contact Person: _____

Phone: _____

***Please return by April 1, 2009 to
Brian Butki, Ph.D.
Youth Sport Camp Director
Dept. of Health and Exercise Science, 201-A Moby
Colorado State University
Fort Collins, CO 80523-1582***

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