

Calvin College Campus Recreation

Personal Information (please print in black or blue ink)

Name _____ Date _____

Local Address _____

Local Phone (____) _____ Cell Phone (____) _____ Date of Birth _____

E-mail Address _____

Parent's Name _____

Parent's Phone (____) _____ Emergency Contact _____

Emergency Contact's Phone (____) _____

Major _____ Minor _____

Anticipated Graduation Date _____ Year in School _____

1. What relevant experience do you have with Athletic Programming, Management, and /or Coaching?

2. What are three specific staff contributions that would create an outstanding Intramural program?

1. _____
2. _____
3. _____

3. List any current certifications you have and their expiration dates (ie. FA, CPR, WSI, etc.)

_____ Exp. Date _____

_____ Exp. Date _____

_____ Exp. Date _____

4. What do you expect from a job supervisor? List three expectations.

1. _____
2. _____
3. _____

APPLICANT NAME:

5. Please explain your three primary motivations for wanting this job?

1. _____
2. _____
3. _____

6. How did you find out about this position?

7. Have you ever been involved in Intramurals at Calvin? Please identify four specific leagues/tourneys in which you have participated.

1. _____
2. _____
3. _____
4. _____

8. Fill in each hour with any recurring time commitments (classes, regular organizational meeting etc.) each day between 3-11pm. We will assume you may be available to work for all UNMARKED TIME BLOCKS.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							

(STAFF USE ONLY) INTERVIEW NOTES: