



## Returning Staff Application

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Permanent Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

College Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
(if applicable) \_\_\_\_\_  
*City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell or Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F

Marital Status:  Single  Married  Separated  Divorced

### Health

Do you have any health conditions that require special attention? YES  NO

If Yes, please list:

Does your insurance offer international coverage? YES  NO

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Camp Selection

Please check all weeks you are interested in working.

- |                                     |   |                                      |                                       |                                       |
|-------------------------------------|---|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 18-22 | <input type="checkbox"/> June 25- June 29 | <input type="checkbox"/> July 2-6    | <input type="checkbox"/> July 9-13    | <input type="checkbox"/> July 16-20   |
| <input type="checkbox"/> July 23-27 | <input type="checkbox"/> July 30-August 3 | <input type="checkbox"/> August 6-10 | <input type="checkbox"/> August 13-17 | <input type="checkbox"/> August 20-24 |

Please check all the sports camps you are interested in coaching.

- |                                   |                                     |                                       |  |                                       |
|-----------------------------------|-------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Soccer   | <input type="checkbox"/> Softball   | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> All-Sports    |                                       |

Please check all the age groups you feel comfortable coaching.

- |                                   |                                    |                                     |                                     |
|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ages 4-6 | <input type="checkbox"/> Ages 6-10 | <input type="checkbox"/> Ages 10-13 | <input type="checkbox"/> Ages 13-16 |
|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|

Are you willing to work camps in which the staff will be staying overnight on location?  Yes  No

**Liability Release**

*In submitting my application I agree to abide by all rules, guidelines for conduct and security, and decisions made by Push The Rock for the duration of my employment.*

**AGREEMENT**

Please sign and date this application, stating that the information given is both true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**PARENTAL/LEGAL GUARDIAN AGREEMENT (if under 18)**

Please sign and date this application, stating that the information given is both true and correct and that your child has permission to work for Push The Rock.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**For Summer Employment** -Please email this application to [dustin@pushtherock.org](mailto:dustin@pushtherock.org)

