



Employment/Volunteer/Internship Application

Project Applied for: BOUNCE UH PEAK LACEUP and Move Unsure
 Position Applied for: Employment Volunteer Internship

APPLICANT INFORMATION		
Last Name:	First Name:	Date:
Street Address:		Apartment/Unit #
City:	State:	Zip:
Phone:	E-mail Address:	
Date Available to Start:		

EDUCATION	
High School:	Address:
From:	To:
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, diploma:	
College:	Address:
From:	To:
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, degree:	
Other:	Address:
From:	To:
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, degree:	

HOURS OF AVAILABILITY: Please specify what times you are available to work/volunteer/intern.

	Monday	Tuesday	Wednesday	Thursday	Friday
June					
July					
August					

Please attach a copy of your class schedule.

If you are a student, please complete the following information:

AREA OF STUDY/EXPERTISE (circle one)

Nutrition Exercise Health Psychology Other _____

GPA

What is your current GPA? _____

What is your academic standing (e.g., sophomore, junior)? _____

SKILLS / CERTIFICATION			
<i>Language Skills:</i>			
Do you speak Spanish fluently? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you write Spanish? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered "Yes," you will be required to take a translation test to demonstrate your ability.		If you answered "Yes," you will be required to take a translation test to demonstrate your ability.	
<i>Computer Skills:</i> Please check yes or no to the following skills.			
Word Yes <input type="checkbox"/> No <input type="checkbox"/>	Track changes in Word Yes <input type="checkbox"/> No <input type="checkbox"/>	Excel Yes <input type="checkbox"/> No <input type="checkbox"/>	PowerPoint Yes <input type="checkbox"/> No <input type="checkbox"/>
How many words do you type per minute (WPM)?			
<i>Certifications:</i> Please list below any special certifications such as Fitness, CPR, Lifeguard, Athletic training, etc.			
<i>Other Skills/Interests:</i> (Please be specific.)			
Arts/Crafts:		Creativity:	
Theatre:		Sports/Exercise:	
Nutrition:		Media (video, digital camera, photography, etc.):	
Webpage Design:			

PREVIOUS EXPERIENCE AND SELF-ASSESSMENT
Do you have previous experience working with or teaching girls ages 9-14? If so, what and when?
What are some of your hobbies/interests/talents? Anything else you would like to share?
What are some of your weaknesses?

REFERENCES:	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PERSON TO NOTIFY IN CASE OF EMERGENCY	
Name	
Street Address	
City, State, Zip Code	
Phone Number	

AGREEMENT AND SIGNATURE	
<i>By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, intern, or employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</i>	
Name (printed)	
Signature	
Date	

Thank you for filling out this application, you can email it to nolvera@uh.edu or mail to below address.