BOUNCE
to build healthy families

Staff Application

Position Applying for: Paid ☐ Volunteer ☐ Internship ☐

APPLICANT INFORMATION		
Last Name:	First Name:	Date:
Street Address:		Apartment/Unit #
City:	State:	Zip:
Phone:	E-mail Address:	Cougarnet ID:
Applying for: Spring ☐ Summer ☐ Fall ☐ Year:		
Date Available to Start:		

EDUCATION	
High School:	Address:
From:	To:
College:	Address:
From:	To:
Did you graduate? Yes ☐ Degree:_____	
No ☐ Expected Graduation date: __/__/____,	
Academic standing (e.g., sophomore, junior) _____	
What is your current GPA?	
Other:	Address:
From:	To:

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

Month	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Ex: January	*9 AM – 12 PM*		*9 AM – 12 PM*		*9 AM – 12 PM*	

Do you have reliable transportation? Yes ☐ No ☐

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

AREA OF STUDY/EXPERTISE

Nutrition ☐   Exercise ☐   Health ☐   Psychology ☐   Communications ☐   Other _____

Are you interested in interning/volunteering during the summer?   Yes ☐   No ☐

SKILLS / CERTIFICATION

Language Skills:

Do you speak Spanish fluently? Yes ☐ No ☐ If you answered "Yes," you will be required to take a translation test to demonstrate your ability. Beginner ☐ Intermediate ☐ Advanced ☐	Do you write Spanish? Yes ☐ No ☐ If you answered "Yes," you will be required to take a translation test to demonstrate your ability. Beginner ☐ Intermediate ☐ Advanced ☐

Computer Skills: Please check yes or no to the following skills.

Word Yes ☐ No ☐	Track changes in Word Yes ☐ No ☐	Excel Yes ☐ No ☐	PowerPoint Yes ☐ No ☐

How many words do you type per minute (WPM)?

Certifications: Please list below any special certifications such as Fitness, CPR, Lifeguard, Athletic training, etc.

1.	2.	3.
4.	5.	6.

*Other Skills/Interests: (*Please be specific.)

Nutrition (including cooking):	Data/Research:
Sports/Exercise:	Arts/Crafts/Creativity:
Webpage Design:	Media (video, digital camera, photography, etc.):

PREVIOUS EXPERIENCE AND SELF-ASSESSMENT

Do you have previous experience working with or teaching children ages 9-14? If so, what and when?

What are some of your hobbies/interests/talents? Anything else you would like to share?

REFERENCES:	
Please list three professional references.	
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:	Relationship:
Street Address:	Apartment/Unit #:
City: State:	Zip code:
Best Contact Number:	

AGREEMENT AND SIGNATURE

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.

Name (printed)	
Signature	
Date	

Thank you for filling out this application, you can email it to
bounce@central.uh.edu or bring it to BOUNCE office located at FH 318G.