



# 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 <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Year:		
Date Available to Start:		

EDUCATION	
High School:	Address:
From:	To:
College:	Address:
From:	To:
Did you graduate? Yes <input type="checkbox"/> Degree: _____ No <input type="checkbox"/> 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
<i>Ex: January</i>	<i>9 AM - 12 PM</i>		<i>9 AM - 12 PM</i>		<i>9 AM - 12 PM</i>	

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 <input type="checkbox"/> No <input type="checkbox"/> If you answered "Yes," you will be required to take a translation test to demonstrate your ability. Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <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. Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
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*Computer Skills:* 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"/>
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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?


<b>REFERENCES:</b>	
<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	

<b>PERSON TO NOTIFY IN CASE OF EMERGENCY</b>	
Name:	Relationship:
Street Address:	Apartment/Unit #:
City:	State:
	Zip code:
Best Contact Number:	

<b>AGREEMENT AND SIGNATURE</b>	
<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 [bounce@central.uh.edu](mailto:bounce@central.uh.edu) or bring it to BOUNCE office located at FH 318G.