

U.S. Gymnastics Training Centers Staff Application 2011

P.O. Box 4088 Tequesta, FL 33469 (561) 743-8550 E-mail: usgtc@bellsouth.net

Sessions

July 30(Training Session)- **August 6** **August 6**(Evening training session for New Staff)-**13**

(Circle the sessions you want to work)

A head shot photo is required with this application

First Name _____ Last Name _____ Mid Initial _____

Street or Box Number _____ Town _____ State _____ Zip code _____

() _____ - _____ () _____ - _____ Birth date ____/____/____
Cell number _____ Home number _____ Social Security Number _____

Please print your email address large and clear!

E-mail Address _____

Do you own your own Club ____? _____
Name of club _____

Street or Box number _____ Town _____ State _____ Zip Code _____

() _____ - _____ Do you coach girls ____? boys ____? Will you bring some of your gymnasts as campers ____?
Areas code _____ Club Tel. number _____

approximately how many? _____ How many brochures would you like ____? Can we stop by your gym to help in recruiting efforts? _____.

If not, please explain _____

Explain what ability levels you feel competent of coaching and spotting.

Please list any awards or certificates for competing or coaching.

Are you presently in College? _____ College or University _____

What year will you be entering after this coming summer? _____ Are you a former camper? _____ How many summers? _____

List your employers for the past five years.

1. _____
Company _____ Employer _____

Phone number: () _____ - _____ Your position: _____ Dates _____

Reason for leaving _____

2. _____
Company _____ Employer _____

Phone number: () _____ - _____ Your position: _____ Dates _____

Reason for leaving _____

3. _____
Company Employer

Phone number: (____) ____ - ____ Your position: _____ Dates _____

Reason for leaving _____

4. _____
Company Employer

Phone number: (____) ____ - ____ Your position: _____ Dates _____

Reason for leaving _____

5. _____
Company Employer

Phone number: (____) ____ - ____ Your position: _____ Dates _____

Reason for leaving _____

Please list all the licenses, degrees, and other professional certifications that you currently hold.

List three professional references we can contact. Please, no family members,

1. Name _____
Relationship _____ Phone number (____) ____ - _____

2. Name _____
Relationship _____ Phone number (____) ____ - _____

3. Name _____
Relationship _____ Phone number (____) ____ - _____