



## INTERNATIONAL GYMNASTICS CAMP

9020 Bartonsville Woods Rd Stroudsburg PA 18360-8137

Phone: (570) 629-0244 Fax: (570) 620-0616

www.internationalgymnastics.com

### STUDENT ATHLETIC TRAINER APPLICATION

**Important:** You are applying for a student athletic trainer position at International Gymnastics Camp and/or International Sports Training Camp. For consideration this application **MUST** be accompanied by:

- Copy of your driver's license
- Copy of your social security card
- Copy of current CPR and AED certifications
- Copy of current First Aid Certification
- Cover Letter and Resume
- One IGC Letter of Reference from your Program Director
- Two IGC Letters of Reference from Clinical Instructors
- Course Descriptions for applicable coursework

#### PERSONAL INFORMATION:

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates Available: \_\_\_\_\_

#### Permanent Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: Home: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

#### Current Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Current School: \_\_\_\_\_

Year in School: \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduated

\*\* If a senior please indicate when you plan on sitting for the NATABOC exam:

\_\_\_\_\_

**REFERENCES:**

Program Director Name	Phone Number	Email Address

Clinical Instructor Name	Phone Number	Email Address

List three references whom we may call, other than family members:

Name	Phone Number	Relationship

**COURSEWORK:**

- Prevention and Care of Athletic Injuries
- Anatomy
- Physiology
- Exercise Physiology
- Lower Extremity Injury Evaluation
- Upper Extremity Injury Evaluation
- Modalities
- Rehabilitation Techniques/Therapeutic Exercise
- Biomechanics/Kinesiology
- Nutrition
- Organization/Administration in AT
- Psychology

**Grades:**

\_\_\_\_\_

\_\_\_\_\_

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**EVALUATION SKILLS:**

Please rate your comfort and confidence in the following evaluation areas:

Evaluation Area	Excellent	Strong	Average	Weak	Poor
Finger					
Wrist					
Shoulder					
Toe					
Ankle					
Knee					
Back					

- Briefly describe how your clinical experiences have prepared you to work with children and adolescents in a gymnastics and sports camp setting:

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- Have you ever worked at a camp (of any kind) before? \_\_\_\_\_ If “YES” When? \_\_\_\_\_  
In what capacity? \_\_\_\_\_ What were your responsibilities?

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- What other experiences do you have working with children? (describe duties, responsibilities, and ages of children)

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- What assets can you bring to International Gymnastics Camp?

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- What are your strongest qualities?

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- How would you describe yourself to someone who doesn't know you?

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- What do you feel will be your biggest difficulty?

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- Please list all degrees, licenses, and certifications that you currently hold:

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- Please tell us a little more information about you that you feel is important in our decision:

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### BACKGROUND INVESTIGATION QUESTIONS

“YES” answers to the following five questions will not necessarily result in denial of employment. We will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist us in determining your eligibility and suitability for employment. You may attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “YES” even if the matter was later dismissed, deferred, vacated or expunged. If you answer “YES”, you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

YES \_\_\_\_\_ NO \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_

2. Do you authorize International Gymnastics Camp to obtain your Motor Vehicle Records report for employment purposes and authorize anyone to disclose this information to the International Gymnastics Camp? Do you release all persons from any liability for obtaining or providing this information? And, do you agree that a photocopy or fax copy of this authorization is as valid as the original?

YES \_\_\_\_\_ NO \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or any investigation of your behavior was pending? You must answer “YES” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES”, you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the accusations against you and the final disposition.

YES \_\_\_\_\_ NO \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “YES”, you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

YES \_\_\_\_\_ NO \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_

5. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline for any licensing, certification or other regulatory body (teaching certificate or otherwise) or by your current or any previous employer? If you answer “YES”, you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES \_\_\_\_\_ NO \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_

I attest to the best of my knowledge that the information provided to **International Gymnastics** is accurate and true. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, law enforcement agency, current employer, past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this position involves working with children and I authorize International Gymnastics to do the necessary criminal background check to finalize my employment.

### PAYROLL REQUIREMENTS

International Gymnastics School-Camp, Inc. requires all employees to provide copies of their Social Security card and driver’s license prior to the date of employment. These documents are necessary for us to complete background checks and meet our insurance company requirements.

I have read, understand, and by my signature consent to these statements.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

