

## **Seasonal Position Application**

name	Birthdate
Sex: MF Email Add	ress
PhoneA	ddress
Best Time/Method to Reach Yo	u
SSN:	
Are you interested in spring or	fall or both (please circle one)
	lly; Instructor/High Ropes Facilitator; High Ropes Guard). Can you double as certified medical
services central registry cleara before beginning. They are pa	I to pass a background check, a department of human nce, and a state sex offender registry clearance id as reimbursed seasonal volunteers and required to vill be sent from the Delta-Schoolcraft Intermediate following year.
Certifications (must provide co person)	pies - can be scanned and emailed or provided in
First Responder	Basic Water Safety
EMT	Lifeguard Training
CPR	Lifequard Certified
ACLS	WCI
LPN	Teaching
RN	Other
Do you have experience worki	ng with youth? If so what ages and in what activities?

	email address and phone number of three references we may
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Updated January 2018