

<p><b>Shepherd Hill</b></p> <p><b>Summer Sports Academy</b></p>		<p><b>Please Return To:</b></p> <p>Shepherd Hill Sports Academy          Attn: Jim Scanlon, Athletic Director          68 Dudley-Oxford Road          Dudley, MA 01571          Email: jscanlon@dcrsd.org</p>
<p><b>Staff Application Form - 2022</b></p>		

(Please type or print)

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street & Number

City

State

Zip

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Area Code & Number

Area Code & Number

Area Code & Number

What type of position are you applying for?	Please mark all that apply.
<b>Clinic Director:</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Clinic Name</span> <span>Clinic Name</span> </div>	<b>\$ 525.00 per clinic<sup>^</sup></b>
<b>Adult Asst. Coach:</b> _____ <small>*as needed by Clinic Director</small>	<b>\$ 250.00 per clinic</b>
<div style="display: flex; justify-content: space-around; width: 100%;"> <span>Clinic Name</span> <span>Clinic Name</span> </div>	
<b>Student Asst. Coach:</b> _____ <small>*as needed based on enrollment</small>	<b>\$ 125.00 per clinic</b>
<div style="display: flex; justify-content: space-around; width: 100%;"> <span>Clinic Name</span> <span>Clinic Name</span> </div>	
<small>*As a Student Asst. Coach, would you like to volunteer and receive 12 community service hours?</small>	
	<b>Yes / No</b>
<b>Clinic Counselor:</b>	
<b>Yes</b>	<b>No</b>
<small>*post-graduate or adult only; must be willing to commit to entire Summer Academy</small>	
<b>\$ 15.00 per hour</b>	
<b>Academy Site Manager:</b>	
<b>Yes</b>	<b>No</b>
<small>*adult only; must be willing to commit to entire Summer Academy</small>	
<b>\$ 23.00 per hour</b>	
<small><sup>^</sup>Some Clinic Director fees may be subject to different rates, depending on required certifications.</small>	
<b>Can you perform the essential functions of the job for which you have applied, with or without reasonable accomodation?</b>	<b>Yes / No</b>

**ACADEMY PROGRAM SKILLS:**

In the following list, please circle the "T" before those activities you can organize and teach as an expert; circle the "A" before those activities you are comfortable assisting; and circle the "C" before those activities in which you have current certification (if necessary). Please attach a copy of your certification, if applicable.

Sports / Fitness

T	A	C	<b>Baseball</b>	T	A	C	<b>Softball</b>
T	A	C	<b>Co-Ed Basketball</b>	T	A	C	<b>Co-Ed Tennis</b>
T	A	C	<b>Co-Ed Soccer</b>	T	A	C	<b>Field Hockey</b>
T	A	C	<b>Volleyball</b>	T	A	C	<b>Track &amp; Field / Cross Country</b>
T	A	C	<b>Agility / Speed</b>	T	A	C	<b>Co-Ed Golf</b>

T	A	C	<b>Football</b>	T	A	C	<b>Boy's Lacrosse</b>
T	A	C	<b>Girl's Lacrosse</b>	T	A	C	<b>All Sport (group games)</b>
<u>Academy / Classroom</u>							
T	A	C	<b>LEGO / Engineering</b>	T	A	C	<b>MAD Science</b>
T	A	C	<b>Creative Writing</b>	T	A	C	<b>Arts &amp; Crafts</b>
T	A	C	<b>E-Sports</b>	T	A	C	<b>Nature / Environmental</b>
T	A	C	<b>Digital Photography</b>	T	A	C	<b>STEM / Robotics</b>
T	A	C	<b>Magic</b>	T	A	C	<b>Astronomy</b>
T	A	C	<b>Drama / Acting</b>	T	A	C	<b>Drones / Aerial Robotics</b>

**CERTIFICATIONS:**

In the following list, please indicate those areas in which you have experience and skills, including those for which you hold *current* certification, by placing a check mark next to that area. Please attach a copy of your current certifications, if applicable.

- |                          |                 |                          |               |                          |                  |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|------------------|
| <u>Health / Safety</u>   |                 |                          |               |                          |                  |
| <input type="checkbox"/> | CPR             | <input type="checkbox"/> | AED           | <input type="checkbox"/> | First Aid        |
| <u>Coaching</u>          |                 |                          |               |                          |                  |
| <input type="checkbox"/> | NFHS Concussion | <input type="checkbox"/> | NFHS COVID-19 | <input type="checkbox"/> | MIAA Coaches Ed. |

**DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT:**

Are you currently, or have you ever been, an employee of the Dudley-Charlton Regional School District? **Yes / No**  
 If Yes, in what capacity and when? \_\_\_\_\_

**ACKNOWLEDGMENT:**

I hereby authorize investigation of all statements herein, including any checks of criminal records, and do forever RELEASE, acquit, discharge and covenant to hold harmless the Shepherd Hill Summer Sports Academy and Dudley-Charlton Regional School District, a regional school district in the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents of and from any and all liability in connection with the same. I understand that, if employed, I will be an at-will employee unless there is a written agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated Shepherd Hill Summer Sports Academy official or designee. I also acknowledge and understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in immediate dismissal, regardless of the date of discovery by the camp. I further acknowledge this application is not a guarantee of employment, and all clinics are subject to enrollment minimums in order to run.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Applicant Name

\_\_\_\_\_  
 Date

*For internal use only*

Indicate application status:

\_\_\_\_\_  
 SH Summer Sports Academy Designee Signature

\_\_\_\_\_  
 Date