

Staff Application

Shepherd Hill Sports Academy



Return to:

Shepherd Hill Sports Academy
Shepherd Hill Regional High School
68 Dudley-Oxford Road
Dudley, MA 01571

(Please type or print)

Date of Application: _____

Name: _____

Permanent Address: _____
Street & Number City State Zip

Home Phone: _____ Cell Phone: _____ E-mail: _____
Area & Number Area & Number

What type of position are you applying for?

Clinic Director: _____ \$500.00 per clinic
Clinic Name Clinic Name

Adult Coach: _____ \$240.00 per clinic
Clinic Name Clinic Name
DCRSD Employee

Student Coach: _____ \$120.00 per clinic
Clinic Name Clinic Name

As a student coach would you like to volunteer and receive 12 community service hours? Yes / No

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation? Yes / No

Camp Program Skills:

In the following list: put a "T" before those activities you can organize and teach as an expert, and an "A" for those activities in which you can assist. Put a "C" after those in which you have current certification and attach a copy of your certification.

Sports/Fitness

- | | | |
|------------------------|-------------------------------------|------------------------|
| _____ Baseball | _____ Field Hockey | _____ Lego Engineering |
| _____ Softball | _____ Track & Field / Cross Country | _____ Mad Science |
| _____ Co-Ed Basketball | _____ Volleyball | _____ Creative Writing |
| _____ Co-Ed Tennis | _____ Golf | _____ Art |
| _____ Co-Ed Soccer | _____ Football | _____ Girl's Lacrosse |
| | _____ Boy's Lacrosse | _____ Wrestling |

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Certifications:

In the following list, please check those items in which you have experience and skills. Mark with a "C" those for which you hold current certification and attach a copy of your certification.

Health/Safety

_____ CPR

_____ First Aid

Dudley-Charlton Regional School District:

Are you or have you ever been an employee of the Dudley-Charlton Regional School District?

_____ Yes

_____ No

If Yes, in what capacity and when? _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the Shepherd Hill Sports Academy and all others from liability in connection with same. I understand that, if employed, I will be an at-will; employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated Sports Academy official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

Signature: _____ Date: _____