



A V A R S I T Y B R A N D

Dear Applicant,

Thank you for your interest in applying for a position with the United Spirit Association Support Staff.

For your information, the United Spirit Association teaches over 20,000 students each year at camps in California, Nevada, Colorado, Utah, Idaho, Oregon, Washington, Iowa, Florida, Texas and Arizona. In addition, the USA has produced events in California, Florida, Hawaii, New York, Japan, Australia, France, Guatemala, Costa Rica, Colombia and Singapore. USA camps and events are recognized for their quality instruction, professional support staff and positive atmosphere.

USA Support Staff members receive a salary each week worked plus an allowance for travel expenses. Housing in college dormitories and food service are provided free of charge.

Please complete the attached application and mail it to the USA office. Include with your application a list of two professional and two personal references. You are welcome but not required to include a resume.

**Mail Application to: USA Support Staff
 11135 Knott Ave, Suite C
 Cypress, CA 90630**

Again, thank you for your interest in the USA. We look forward to receiving your application.



SUPPORT STAFF APPLICATION

F I R S T A I D

Send to: USA Support Staff • 11135 Knott Avenue, Suite C • Cypress, CA 90630 • (800) 886-4USA

Last Name	First	Middle			Can you present proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip	
Home Phone (Include area code)		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parents' or Guardian Name (If under 18)	
Day Phone (Include area code)					
If Student, Address While At School		City	State	Zip	
Phone While At School		Email Address			

Are you currently employed? YES NO Are you currently a Certified Athletic Trainer/Nurse? YES NO

Name of school or company _____ Title _____

Are you currently enrolled in school? YES NO Name of School _____ Year _____ Major _____

If you are a student athletic trainer, please indicate your supervisor's name and phone number. Name _____

Supervisor's Phone Number _____

Indicate the number of documented hours you have completed in a training room: _____ Where? _____

Indicate the number of documented hours you have completed, as the primary trainer, at special events, camps etc... _____

Indicate the course title, date of class completion, and school attended for your basic athletic training class: Title _____

Date of Completion _____ School where credit was received _____

Briefly describe your association with the USA:

Relevant Experience/Qualifications/Classes _____

NOTE: Please attach a copy of your current CPR and First Aid certifications. Also indicate 4 references on the back side of this form. .

(OVER)

Signature: _____

Date: _____

FOR OFFICE USE ONLY	
H.I. _____	Ack: _____
ONLINE APPLICATION _____	

Please indicate two personal and two professional references (Name, relationship, phone number).

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		