



2010 CAMP FLA JOB APPLICATION
(please print and fill out completely and accurately)

Position Desired: [] Assistant Coach [] Swimmer Counselor [] Non Swimmer Counselor

Name _____ Sex _____ Age as of June 2010 _____
First Last Middle

Height: _____ Weight: _____ Marital Status: _____ T-shirt size: _____ Swimsuit size: _____ Staff short size: _____

Date of Birth (mm/dd/yyyy) _____ Preferred Name: _____

Email address: _____ Preferred Email address: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone: () _____ Work phone: () _____ Cell phone: () _____

College Name: _____ Graduation Date: _____ Major: _____

High School Name: _____ Graduation Date: _____ Courses of study: _____

Swimming/Coaching /Camp Experience:

Years involved in competitive swimming: _____ As a Coach: _____ As a Swimmer: _____

Name of team(s) you have competed for: _____

Coach(es) names: _____

Name(s) of teams you have coached, level and Head Coach(es) name(s): _____

Table with 6 columns: Camps you have attended/worked, Location, Director, Phone, Position, Year

Other references:

Name: _____ Phone: _____

Name: _____ Phone: _____

All applicants must be registered with USA Swimming. Counselors must be registered athlete members, coaches must be registered Coach members and all other staff members must be registered non-athlete members. If already registered, please provide a copy of your 2010 USA Swimming Athlete Membership card with your application.

Certifications already held (CPR/CPR, First Aid, LG, WSI, TSCetc): _____

(Please, provide copies of all certification cards held)

Other Information (Community experience, other extra curricular activities): _____



fort lauderdale aquatics

How did you hear about Camp FLA?: Web site Friend Splash SwimmingWorld.com Masnatacion.com Other _____

Why would you like to be a member of the Camp FLA staff? _____

Do you now any other Camp FLA staff? If so, who? _____

Please, check areas you are strong in or have a strong interest in:

- Dryland/Weight training Classroom courses Cookouts Evening Activities Private Stroke Lessons
 Hotel Supervision Office Help Coaching Other _____

CURRENT Swimming Training and Competition Information:

Coach's Name: _____ Phone: _____ E-mail: _____

I have been a competitive swimmer for _____ years. Last time meet you competed in (name & exact date): _____

Number of workouts per week: _____ Average workout length (time): _____ Yardage: _____

Type of strength training and number of days per week: _____

My strongest events are: _____

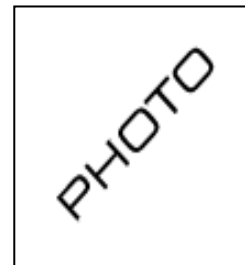
PLEASE FILL OUT YOUR CURRENT BEST TIMES – Since JAN 1st, 2009

	SHORT COURSE YARDS/METERS (circle)					LONG COURSE METERS				
	50	100	200	4/500	1000 / 1650	50	100	200	400	800 / 1500
FREE										
BACK										
BREAST										
FLY										
I.M.										

Please provide official meet results or web address for where your best times can be found

Please submit this application (and a copy of you passport & driver's license) to:

**CAMP FLA
 501 SEABREEZE BLVD
 FORT LAUDERDALE, FL 33316**



Please provide us with a **PHOTO** of you

Camp FLA has an open application policy of non-discrimination on the basis of race, religion, ethnic origin, and sex in all its programs and employment. Camp FLA is hereby granted permission to use any individual or group photograph's taken at camp showing you in camp activities for publicity and brochure purposes. I have read all applicable information and understand the policies as stated above.

Signature: _____ Date: _____