



INSTRUCTOR APPLICATION

Please return application to: Champion Cheer Athletics, 3540 Brooks Ave. NE #1, Salem, OR 97303, Attn: Staffing, Phone: 503.391.7999

Position Applying For: Pre-school Instructor Tumbling Instructor
(check all that apply) All-Star Team Coach Class/Private Instructor

PLEASE TYPE OR WRITE IN BLACK OR BLUE INK:

NAME: _____ EMAIL: _____

PRIMARY ADDRESS

Address: _____
City _____ ST _____ Zip _____
Phone _____
Cell _____

SECONDARY ADDRESS

Address: _____
City _____ ST _____ Zip _____
Phone _____
Cell _____

PERSONAL INFORMATION

Birthdate: ____/____/____
Social Security # ____/____/____
Driver's License # _____ State _____
High School _____
City/State _____
Grad. Date _____

First Aid Certification: YES NO Exp. Date _____
CPR Certification: YES NO Exp. Date _____
College/University _____
Circle: FR SO JR SR
Graduated: YES NO Grad Date _____

List the names, addresses and phone numbers of 3 references not related to you:

1. _____
2. _____
3. _____

In case of an emergency, contact:

Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Home Phone: (____) _____ Work/Cell Phone: (____) _____

HONORS, AWARDS, ACTIVITIES: _____

HOBBIES AND SPECIAL TALENTS: _____

CHEER EXPERIENCE & SKILLS: _____

TUMBLING EXPERIENCE & SKILLS: _____

STUNTING EXPERIENCE & SKILLS: _____

WHY DO YOU FEEL YOU WOULD MAKE A STRONG INSTRUCTOR FOR CHAMPION CHEER ATHLETICS?

WHAT EXPERIENCE DO YOU HAVE WORKING WITH YOUTH? (in any setting) _____

(If you need more room, please use another sheet of paper.)

Send completed application to:
CHAMPION CHEER ATHLETICS
3540 Brooks Ave. NE #1
Salem, OR 97303

Or e-mail to: lynelle@championcheerathletics.com