

VIRGINIA TECH STUDENT ATHLETIC TRAINER APPLICATION

APPLICATION DATE: _____

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____
SS# _____ GENDER _____
BIRTH DATE _____ EMAIL _____
BLACKSBURG PHONE _____
BLACKSBURG ADDRESS _____
HIGH SCHOOL ATTENDED _____ YEAR GRADUATED _____ GPA _____
MAJOR FIELD OF STUDY AT COLLEGE _____
EXPECTED GRADUATION DATE _____
TEE SHIRT SIZE _____ PANT SIZE _____ SHOE SIZE _____

Briefly explain your career plans/goals:

Briefly explain why you would like to become a student athletic trainer at Virginia Tech:

PARENT INFORMATION

FIRST NAME _____ LAST NAME _____
STREET ADDRESS _____
CITY/STATE/ZIP _____
HOME PHONE _____ WORK PHONE _____
EMAIL ADDRESS _____

PERSONAL REFERENCES

1. NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
2. NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
3. NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

PREVIOUS ATHLETIC TRAINING EXPERIENCE

Name of supervising Athletic Trainer: _____

Phone Number: _____

If no such person exists, who supervised your work in high school?

Name and Title: _____

List the sport(s) and the duration you have worked during high school or college:

List any athletic training workshops you have attended (where/when):

Other experiences you feel helped further your athletic training knowledge and skills:

SKILLS INFORMATION

Are you CPR Certified:	YES	NO	
IF yes when did you receive your certification			
Are you First Aid Certified:	YES	NO	
IF no when did you receive your certification			
Are you Lifeguard Certified:	YES	NO	
Have you started the Hepatitis B Series of Shots:	YES	NO	
IF yes which ones have you taken:	shot 1	shot 2	shot 3
IF yes what were the dates of the shots:	_____ / _____ / _____		
Have you taken a Blood Borne Pathogen Class:	YES	NO	
Are you an NATA Member:	YES	NO	
Have you taken the Beginning Athletic Training Class:	YES	NO	
IF yes when did you take it: (SPRING 1999)	_____		
Have you taken the Advanced Athletic Training Class:	YES	NO	
IF yes when did you take it: (SPRING 1999)	_____		

Please fax completed form to: 540-231-1616; or mail to :Virginia Tech Sports Medicine, Attn: Mike Goforth, 113 Merryman Center, Blacksburg, VA 24061.